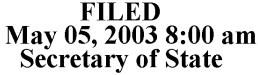
-2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR) P02000091858 **DOCUMENT #** 1. Entity Name L & C CLEANING SERVICES CORP



FILED					
May 05, 2003 8:00 am					
Secretary of State					
05 05 2003 00201 071 ***150 00					

	Diana delivided dolli				
Principal Place of Business 6767 INDINA CREEK DR #2A MIAMI BEACH FL 33141		Mailing Address 6767 INDINA CREEK DR #2A MIAMI BEACH FL 33141			
2. Principal P	lace of Business	3. Mailing Address		T I BROWNER THE DAME THOSE OF THE ORDER ORDER OF THE ORDER FROM FROM FROM FROM FROM FROM FROM FRO	
Suite, Apt.	#, etc.	Suite, Apt. #, etc.		☐ CHECK HERE IF MAKING CHANGES	
City & State		City & State		4. FEI Number 2238 67-282 Applied For Not Applicable	
Zip	Country	Zip	Country	5. Certificate of Status Desired S8.75 Additional Fee Required	
	6. Name and Address of Current	Registered Agent		7. Name and Address of New Registered Agent	
			Name -	Fatina Granados.	
)s, fatima Na creek dr #2a		Street Addres	ess (P.O. Box Number is Not Acceptable)	
Miami Be/	ACH FL 33141		676	7 Indian creek or #ZA	
City Mami Breach FL					
	named entity submits this statement for	the purpose of changing its re	egistered office or regis	istered agent, or both, in the State of Florida. I am familiar with, and accept	
SIGNATURE FATTINA CHANGES (President.) 05/02/03					
	Signature, typed or printed name of registered agent a	nd title if applicable. \(\begin{align*} \text{(NOTE:} \end{align*}	Registered Agent signature requ	Julied when reinstating) DATE	
FILE NOW!!! FEE IS \$150.00 After May 1, 2003 Fee will be \$550.00 Make Check Payable to Florida Department of State				9. Election Campaign Financing \$5.00 May Be Trust Fund Contribution.	
10.	OFFICERS AND	DIRECTORS	11.	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE	D GRANADOS, FATIMA	☐ Delete	TITLE	☐ Change ☐ Addition	
NAME STREET ADDRESS	6767 INDINA CREEK DR #2A		NAME STREET ADDRESS		
CITY-ST-ZIP	President.	Delete	CITY-ST-ZIP TITLE	☐ Change ☐ Addition	
NAME	roca indian cree	R Dr #2A	NAME	_ only	
STREET ADDRESS CITY-ST-ZIP	6767 indian cree Livus Beach ft.	33141	STREET ADDRESS CITY-ST-ZIP		
TITLE		Delete -	TITLE	☐ Change ☐ Addition	
NAME STREET ADDRESS			NAME Street address		
CITY-ST-ZIP -	<u></u>		CITY-ST-ZIP		
TITLE NAME		☐ Delete	TITLE Name	☐ Change ☐ Addition	
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE NAME		☐ Delete	TITLE NAME	Change Addition	
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP TITLE		☐ Delete	CITY-ST-ZIP TITLE	☐ Change ☐ Addition	
NAME		□ Delete	NAME	Li Gilange Li Addition	
STREET ADDRESS CITY-ST-ZIP			i street address City-St-Zip		
UNIT VITEII			3/11 5/ 20		

12. I hereby certify that the information supplied with this filling does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute his report as required by Chapter 607, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an accurate and other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

(786)512-0101