2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

Signature required

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OF DIRECTOR

SIGNATURE:

May 12, 2003 8:00 am Secretary of State DOCUMENT # P02000098461 05-12-2003 90231 027 ***150.00 1. Entity Name RICARDO PEREZ CLEANING, INC. 10103974 Principal Place of Business Mailing Address 4311 22ND AVE NORTH 4311 22ND AVE NORTH ST. PETERSBURG FL 33713 ST. PETERSBURG FL 33713 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. ☐ CHECK HERE IF MAKING CHANGES City & State City & State 4. FEI Number 48 - 1305649 Applied For Not Applicable Zip Country Country \$8.75 Additional 5. Certificate of Status Desired Fee Required, 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent FLORIDA AGENT-SERVCE, INC. P.O. Box Number is Not Acceptable) 1221 BRICKELL AVENUE SUITE 900 **MIAMI FL 33131** 337/ 8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent. icard SIGNATURE . (NOTE: Registered Agent signature required when reinstating) FILE NOW!!! FEE IS \$150.00 9. Election Campaign Financing \$5.00 May Be After May 1, 2003 Fee will be \$550.00 Trust Fund Contribution. Added to Fees Make Check Payable to Florida Department of State 10. OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 11 TITLE CR2E034 (10/02) TITLE Delete Change ■ Addition PEREZ, RICARDO NAME NAME STREET ADDRESS 4311 22ND AVE NORTH STREET ADDRESS ST. PETERSBURG FL 33713 CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP COTY-ST-ZIP TITLE Deleta TITLE Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE ■ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP 12. I hereby certify that the information supplied with this filing 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 this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 10 or Block 11 in changed, or on an attachment with an address, with all other like empowered.

(727) 323-6756

Daytime Phone #