

**FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

FILED
Jun 25, 2003 8:00 am
Secretary of State

06-25-2003 90075 029 ***150.00

DOCUMENT # **P02000114720** ✓
1. Entity Name
CRICKET CLEANERS & HOTEL SERVICE, INC

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business
4669 N UNIVERSITY DR
Suite, Apt. #, etc.
City & State
CORAL SPRINGS
Zip
33067 Country
US

3. Mailing Address
Suite, Apt. #, etc.
City & State
Zip
Country

4. FFL Number
APPLIED FOR
Applied For
(Not Applicable)
5. Certificate of Status Desired **\$8.75 Additional Fee Required**

DO NOT WRITE IN THIS SPACE

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IN THIS SPACE**

7. Name and Address of Current Registered Agent
Name
ELIZABETH CARDONA
Street Address (P.O. Box Number is Not Acceptable)
1001 NW 51 AVE
City
TAMARAC State
FL Zip Code
33319

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.
SIGNATURE **X Elizabeth Cardona** DATE **6/10/03**

9. This corporation is eligible to satisfy its intangible tax filing requirement and elects to do so. (See criteria on back)
January 1 - May 1 Fee is \$150.00
After May 1, Fee is \$550.00
Amended UBR is \$61.25
Make Check Payable to Department of State
10. Election Campaign Financing Trust Fund Contribution **\$5.00 May Be Added to Fees**

11. OFFICERS AND DIRECTORS			
TITLE	P.D	TITLE	
NAME	ELIZABETH CARDONA	NAME	
STREET ADDRESS	1001 NW 51ST AVE	STREET ADDRESS	
CITY, ST, ZIP	TAMARAC FL 33319	CITY, ST, ZIP	
TITLE		TITLE	
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY, ST, ZIP		CITY, ST, ZIP	
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NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY, ST, ZIP		CITY, ST, ZIP	

**DO NOT WRITE
IN THIS SPACE**

13. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(c), 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 11 or in an attachment with an address, with all other like empowered.
SIGNATURE: **X Elizabeth Cardona** DATE **6/10/03**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR220346 (12/01)