2003 FOR PROFIT CORPORATION **UNIFORM BUSINESS REPORT (UBR)**

DOCUMENT

P02000115685

1. Entity Name

YIMON'S PRESSURE CLEANING SERVICES, INC.



FILED May 23, 2003 8:00 am § Secretary of State

05-23-2003 90142 008 ***150.00

Principal Place of Business 616 NW 13TH ST., #14 BOCA RATON FL 33486		Mailing Address 616 NW 13TH ST., #14 BOCA RATON FL 33486		
2. Principal Place of Business		3. Mailing Address		T 1001/001 111 AB110 HOLL THEIR BUILL
Suite, Apt. #, etc.		Suite, Apt. #, etc.		☐ CHECK HERE IF MAKING CHANGES
City & State		City & State		4. FEI Number 81-0570056 Applied For Not Applicable
Zip	Country	Zip	Country	5. Certificate of Status Desired
6Name and Address of Current Registered A		t Registered Agent		7. Name and Address of New Registered Agent
			` , Name	·
JOSEPH K. NOFIL, P.A. 3284 N STSTE RD 7			Street Add	ress (P.O. Box Number is Not Acceptable)
LAUDERD	ALE LAKES FL 33319			
			City	FL Zip Code
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.				
SIGNATURE Signature, typed or printed flame of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE				
FILE NOW!!! FEE IS \$150.00 After May 1, 2003 Fee will be \$550.00 Idake Check Payable to Florida Department of State				9. Election Campaign Financing \$5.00 May Be Trust Fund Contribution. Added to Fees
10.	" OFFICERS AND	DIRECTORS		ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11
NAME STREET ADDRESS CITY-ST-ZIP	DPST MONTENEGRO, YIMMY H 616 NW 13TH ST:#14 BOCA RATON FL 33486	□ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
NAME STREET ADDRESS CITY-ST-ZIP		□ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP		Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME		☐ Delete	TITLE NAME	☐ Change ☐ Addition

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 ampowered to execute this report as required by Chapter 607, Florida Statutes; and that my name apprears in Blokk 10 or Block 11 if changed, or on an attachment with an attories, with fall other like empowered.

STREET ADDRESS

CITY-ST-ZIP

SIGNATURE:

STREET ADDRESS

CITY-ST-ZIP

SIGNATURE AND TYPED OR

CR2E034 (10/02)