05/25/2004 10:07 850-245-6015 DOS/SUPP

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Secretary of State
06-04-2004 90001 048 ***150.00

FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P02000118513

1. Entity Name
GUS & LUZ JANITORIAL SERVICES, INC

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business	3. Mailing Address
10545 S.W. 216 ST.	SAME
Suite, Apt. #, etc. #C	Suite, Apt. #, etc.
City & State MIAMI, FLA	City & State
Zip 33190 Country USA	Zip Country

54056603
DO NOT WRITE IN THIS SPACE

4. FEI Number 51-0434473 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required

DO NOT WRITE IN THIS SPACE

7. Name and Address of Current Registered Agent

Name SAME

Street Address (P.O. Box Number is Not Acceptable)

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 N/A 5/27/2004
(Florida, Name or printed name of registered agent and title if applicable) (NOTE: Registered Agent signature required when reinstating) Date

January 1 - May 1: Fee is $150.00
After May 1, Fee is $550.00
Amended UBR is $61.25
Make Check Payable to Florida Department of State

9. Election Campaign Financing Trust Fund Contribution. ☐ **$5.00** May Be Added to Fees

10. OFFICERS AND DIRECTORS

TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	PRESIDENT GUSTAVO A. BETANCUR 10545 S.W. 216 STREET, #C MIAMI, FLORIDA 33190
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	VICE PRESIDENT LUZ E. RAMIREZ 10545 S.W. 216 STREET, #C MIAMI, FLORIDA 33190
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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 on an attachment with an address, with all other like empowered.

SIGNATURE: Gustavo Betancur 5/27/2004
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date County Filing #

Attachment

May 27, 2004

574056603

P02000118573

Division of Corporations
P.O. Box 6327
Tallahassee, Florida 32314

To Whom It May Concern:

Attached is the payment fee of $150.00 and Application form for reinstatement of Employer Identification Number 51-0434473.

Per our phone conversation on May 25, 2004, it was explained to you that we never received notification of the date and amount due to you in order to reinstate the license. I was told that by sending in payment of $150.00, all other fees would be waived.

Let us know if there are any other questions or concerns.

Sincerely Yours,

Gustavo A. Betancur & Luz E. Ramirez
President and Vice President
Gus & Luz Janitorial Services, Inc.
10545 S.W. 216th Street, #C
Miami, Florida 33190