200_ UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P03000086626

PROCLEAN SOLUTIONS, INC.

Principal Place of Business	Mailing Address
6551 NW 112 Place Miami, fla. 33178	6551 NW 112 Place Miami, Fla. 33178

FILED

04 SEP 15 AM 10:54

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Principal Place of Business | 3. Mailing Address
Suite, Apt. #, etc. | Suite, Apt. #, etc.
City & State | City & State
Zip | Country | Zip | Country

DO NOT WRITE IN THIS SPACE

04

4. FEI Number 20-0273210

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

6. Name and Address of Current Registered Agent

ALAN ABOLILA
6551 NW 112 Place
~~Miami, Fla. 33178~~

7. Name and Address of New Registered Agent

Name

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

City FL Zip Code

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 [signature] 7/23/04

Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) Date

The corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so (see criteria on back) ☐

FILE NOW!!! FEE IS $150.00
After MAY 1, 2000 Fee will be $550.00
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

Officers and Directors		12. Additions/Changes to Officers and Directors
PD ALAN ABOLILA 6551 NW 112 Place Miami, Fla. 33178	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP ☐ Change ☐ Addition 200041213052 09/21/04--01048--012 **400.00
D ESTHER ABOLILA 6551 NW 1__ Place Miami, Fla. 33178	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP ☐ Change ☐ Addition
	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP ☐ Change ☐ Addition 200041213052 09/21/04--01048--013 **150.00
	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP ☐ Change ☐ Addition
	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP ☐ Change ☐ Addition
	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP ☐ Change ☐ Addition

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 11 or Block 12 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: X [signature] 7/23/04

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date

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