FILED

2001 UNIFORM BUSINESS REPORT (UBR)

Apr 27, 2001 8:00 am Secretary of State DOCUMENT # **P93000044523** 1. Entity Name WHITE DOVE CLEANING, CORP. 04-27-2001 90223 046 ***150.00 Principal Place of Business Mailing Address 9769 MAJESTIC WAY 9769 MAJESTIC WAY BOYNTON BEACH FL 33437 **BOYNTON BEACH FL 33437** 2. Principal Place of Business 3. Mailing Address 7353 COPPERFIELD CIRCL 7353 COPPERFIELD CIRCLE Suite, Apt. #, etc. Suite, Apt. #, etc DO NOT WRITE IN THIS SPACE 4. FEI Number City & State City & State Applied For 65-0427445 FLORIDA Not Applicable AKE WORTH AKE WORTH FLORIDA Country Zip **\$8.75** Additional 5. Certificate of Status Desired US 33467 Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent GERMANO, JOSEPH J Street Address (P.O. Box Number is Not Acceptable) 9769 MAJESTIC WAY **BOYNTON BEACH FL 33437** AKE WORTH 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 Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) FILE NOW!!! FEE IS \$150.00 9. This corporation is eligible to satisfy its Intangible 10. Election Campaign Financing \$5.00 May Be Tax filing requirement and elects to do so. After MAY 1, 2001 Fee will be \$550.00 Trust Fund Contribution. Added to Fees (See criteria on back) . Make Check Payable to Department of State ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 OFFICERS AND DIRECTORS 11. 12. TITLE ☐ Delete TITLE... Change | NAME GERMANO, JOSEPH J NAME 7353 COPPERFIELD CIRCL STREET ADDRESS STREËT ADORESS 9769 MAJESTIC WAY CITY-ST-ZIP CITY-ST-ZIP LAKE WORTH FLORIDA **BOYNTON BEACH FL** Change Change TITLE TITLE □ Delete GERMANO, DENISE L NAME NAME 7353 COPPERFIELD CIRCLE STREET ADDRESS STREET ADDRESS 9769 MAJESTIC WAY CITY-ST-7IP CITY-ST-ZIP AKE WORTH FLORIDA 3346 **BOYNTON BEACH FL 33437** TITLE ☐ Delete TITLE ☐ Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-7IP CITY-ST-7IP Addition Change TITLE □ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete TITLE Change Addition TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP

13. 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: D

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

GERMANO

4/23/2001

561-439-7889

Daytime Phone #