FILED

## **2001 UNIFORM BUSINESS REPORT (UBR)**

changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

## May 14, 2001 8:00 am DOCUMENT # P9400005125 Secretary of State AFTER HOURS CLEANING SERVICE, INC. 05-14-2001 90224 034 \*\*\*158.75 Principal Place of Business Mailing Address 13581 NW 4TH ST. PO BOX 681183 MIAMI FL 33168 DOOGOSII HOLLYWOOD FL 33028 2. Principal Place of Business 3. Mailing Address 3641 S.W. 21 Street Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE City & State City & State 4. FEI Number Applied For 65-0465474 Miramar Not Applicable Zip Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent Name "ALLEN, EDDY J. Street Address (P.O. Box Number is Not Acceptable) 13581 N.W. 4TH STREET PEMBROKE PINES FL 33028 Zip Code City 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 (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 OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 11. CR2E034 (10/00) TITLE ☐ Addition ☐ Delete TITLE ALLEN, JOE NAME NAME STREET ADDRESS STREET ADDRESS 2040 NW 131 ST CITY-ST-ZIP CITY-ST-ZIP MIAMI FL TITLE Addition ☐ Defete TITLE ALLEN, MARIE NAME NAME STREET ADDRESS STREET ADDRESS 2040 NW 131ST ST. CITY-ST-ZIP CITY-ST-ZIP MIAMI FL 33167 Eddy Allen 13641 S.W. 21 Street ☐ Addition PTD TITLE ☐ Delete TITLE ALLEN, EDDY NAME NAME STREET ADDRESS STREET ADDRESS 13581 NW 4TH ST., APT 203 CITY-ST-ZIP -CITY-ST-ZIP PEMBROKE PINES FL 33028 TITLE ☐ Delete TITLE Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-7IP CITY-ST-7IP Change TITLE ☐ Delete TITLE ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Defete ■ Addition TITLE Change NAME STREET ADDRESS STREET ADDRESS 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