

2000 UNIFORM BUSINESS REPORT (UBR)

FILED
Jan 26, 2000 8:00 am
Secretary of State

01-26-2000 90132 049 ***150.00

DOCUMENT # P94000014744

1. Entity Name
CLEANTECH CORP.

903401



DO NOT WRITE IN THIS SPACE

Principal Place of Business 1995 NE 150 ST. # 108 N. MIAMI BEACH FL 33181 US	Mailing Address 1995 NE 150 ST. #108 N. MIAMI BEACH FL 33162-1147 US
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2. Principal Place of Business 861 NE 182ND STREET	3. Mailing Address 861 NE 182ND STREET
Suite, Apt. #, etc.	Suite, Apt. #, etc.

City & State NORTH MIAMI BEACH, FL	City & State NORTH MIAMI BEACH, FL
Zip 33162	Zip 33162
Country	Country

4. FEI Number 65-0469114	Applied For <input type="checkbox"/>	Not Applicable <input type="checkbox"/>
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required	

6. Name and Address of Current Registered Agent
VILLELA, JOSE C
1470 NE 125TH TERRACE
#301
NORTH MIAMI FL 33161

7. Name and Address of New Registered Agent
 Name: **JOSE C. VILLELA**
 Street Address (P.O. Box Number is Not Acceptable): **861 NE 182ND STREET**
 City: **NORTH MIAMI BEACH** FL Zip Code: **33162**

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]* (NOTE: Registered Agent signature required when reinstating) DATE: **1-18-00**

9. This 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	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DP VILLELA, JOSE C 1470 NE 125TH TERRACE #301 NORTH MIAMI FL <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S LOPEZ, DENISE 1470 NE 125TH TERRACE #301 NORTH MIAMI FL <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DP VILLELA, JOSEC 861 NE 182ND STREET NORTH MIAMI BEACH, FL 33162 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S LOPEZ, DENISE 861 NE 182ND STREET NORTH MIAMI BEACH, FL 33162 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

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: *[Signature]* **SIGNATURE REQUIRED** DATE: **1-18-00** DAYTIME PHONE #: **305-6909929**
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR: **JOSE C. VILLELA**

CR2E034 (9/99)