FILED

(9/01)

2002 UNIFORM BUSINESS REPORT (UBR)

Feb 04, 2002 8:00 am P94000061634 DOCUMENT # **Secretary of State** 1. Entity Name AMERICAN CLEAN SWEEP CORPORATION 02-04-2002 90030 040 ***150.00 Mailing Address Principal Place of Business 7641 N.W. 7TH ST. 7641 N.W. 7TH ST. PEMBROKE PINES FL 33024 -- - -PEMBROKE PINES FL 33024 -3. Mailing Address 2. Principal Place of Business DO NOT WRITE IN THIS SPACE Suite, Apt. #, etc. Suite, Apt. #, etc. Applied For City & State City & State 4. FEI Number 65-0520374 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 PUIG.: GEORGE Street Address (P.O. Box Number is Not Acceptable) 7641 N.W. 7TH ST. PEMBRIOIKE PINES FL 33024 Zip Code 8. The above named entity submits this statement for the purpose of "s registered office or registered agent, or both, in the State of Florida. SIGNATURE ! E: Registered Agent signature required when reinstating) Signature, typed or printed name of regit... FILE NOW!!! FEE IS \$150.00 9. This corporation is eligible to satisfy its Intangible 10. Election Campaign Financing \$5.00 May Be After May 1, 2002 Fee will be \$550.00 Tax filing requirement and elects to do so. Trust Fund Contribution. Added to Fees (See criteria on back) Make Check Payable to Department of State 11. OFFICERS AND DIRECTORS 12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 PD ☐ Addition ☐ Change TITLE ☐ Delete TITLE PUIG, GEORGE NAME NAME **CR2E034** 7641 N.W. 7TH ST. STREET ADDRESS STREET ADDRESS PEMBROKE PINES FL 33024 CITY-ST-ZIP CITY-ST-7IP ☐ Addition Change ☐ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-7IP CITY-ST-ZIP ☐ 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 ☐ Addition TITLE ☐ Delete NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete TITLE ☐ Change ☐ 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.