FILED

1/- <u>26-0/</u> 305-25-9-3

Date Daytime Phone #

2001 UNIFORM BUSINESS REPORT (UBR)

SIGNATURE:

May 10, 2001 8:00 am Secretary of State DOCUMENT # P9400067601 1. Entity Name D & S GENERAL CLEANING CORPORATION 05-10-2001 90212 046 ***150.00 Principal Place of Business Mailing Address 13444 SW 152 LANE 13444 SW 152 LANE UNIT #1703 UNIT #1703 MIAMI FL 33177 MIAMI FL 33177 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE City & State City & State 4. FEI Number Applied For 65-0519900 Not Applicable Zip Zio Country \$8.75 Additional 5. Certificate of Status Desired 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent ROMAN, SANDRA Street Address (P.O. Box Number is Not Acceptable) 13444 SW 152 LANE UNIT #1703 MIAMI FL 33177 Zip Code 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) DATE 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 11. OFFICERS AND DIRECTORS 12. ☐ Delete TITLE ☐ Change ☐ Addition TITLE ROMAN, SANDRA NAME NAME STREET ADDRESS 13444 SW 152 LANE, UNIT 1703 STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP **MIAMI FL 33177** ☐ Change ☐ Addition Delete TITLE TITLE NAME NAME STREET ADDRESS STREFT ADDRESS CITY-ST-7IP CITY-ST-ZIP ☐ Change ☐ Addition TITLE TITLE Delete 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 TITLE Change NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-7IP TITLE ☐ 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 an an officer or director of the corporation or the redeiver or trustee emplowered 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 off by fixed the property.

OF SIGNING OFFICER OR DIRECTOR