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## UNIFORM BUSINESS REPORT (UBR) P950000 24608 **DOCUMENT #**

## FILED May 17, 2002 8:00 am Secretary of State

05-17-2002 90031 043 \*\*\*158.75

F		7	Sec. 2.	ALAN ALTHOUGH MADING	COLUMN TO THE REAL PROPERTY.	NEW MERCHANT	200	A CALL STORY	11.0		100 100	30.00
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Ä	V203.41.12	Training	Addition to		1000	NO. 102 1 192	22.4	250 0.5	4.5	4.5		

Soystal Clean Cleaning Co.

		100		I AUE			
2 Princip	al Place of Business	. 3	Mailing Address				
Suite, A	S.E. 14 <sup>th</sup> CT	·   C	10 20.19	the Cot			
	· 	-	Suite, Apt. #, etc.	· · · · · · · · · · · · · · · · · · ·		DO NOT WRITE IN T	HIS SPACE
City & S			City & State			4. FEI Number	
Zip ·	theb Bob. Country	V.		Boh. FL	-	65 0600 902	Applied For
3394	1 05	A 1:	33441	Country		P. O	Not Applicabl
			209-11	1 034			Fee Required
	DO N	~= w_		Name		Name and Address of Current Registe	ered Agent
		OF WRI		- Street Add	dress (Dr	PBox Number is Not Acceptable) -	
	IN TH	IS SPA	GE -	كالك   ٠	<u> </u>	Sook Number is Not Acceptable)	
		Table 18 Comment					
9 The				Sylve	AGO	K BCh F	L Zin Code
a. The abov	e named entity submits this	statement for the p	ourpose of changing its	registered office or re	gistered	agent, or both, in the State of Florida.	L 35941
SIGNATURE					-		
SIGNATURE	Signature, typed or printed name of	registered agent and title	rappscable (NOT	E: Registered Agent signature n		· · · · · · · · · · · · · · · · · · ·	
9. This corp	poration is eligible to satisfy	its Intensible		lay 1 Fee is \$150.00		an reinstating) DATE	
j taximiy	requirement and elects to eria on back)	do so. 📌 🚉	And May	i - Faa le REKN nn. 2.		10. Election Campaign Financing	\$5.00 ·
11.	<del></del>	X	Make Check Paval	d UBR le \$81.25 m de to Department of	State	Trust Fund Contribution.	\$5.00 May Be Added to Fees
TITLE	PRES	ICERS AND DIREC	TORS		N. Brech		
NAME	KEUIN MCBA 915 S.E. 14H	2 open		TITLE NAME			
STREET ADDRESS CITY-ST-ZIP		or		STREET ADDRESS			
DILE	DEGREE I	3ch, +c	33441	CITY ST. ZIP			
NAME		-		TITLE CONTRACTOR		Paga salah sal	
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CITY-ST-ZIP				CITY ST 2IP			
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TITLE NAME		· · · · · · · · · · · · · · · · · · ·		TILE	iost gr		
STREET ADDRESS				NAME		IN THIS SPACE	3E
CITY-ST-7IP				STREET ADDRESS CITY-ST-ZIP			
TITLE				nnie sa			
TREET ADDRESS			İ	NAME			
CITY-ST-ZIP	, 			STREET ADDRESS			
IILE		<del></del>		CITY ST-ZIP			
HAME Treet address				NAME			
TTY-ST-ZIP		8		STREET ADDRESS			
				ACITY CT TION TO SEE STATE	CARLESTAN	CONTRACTOR OF THE PROPERTY OF	CONTRACTOR CONTRACTOR OF THE CONTRACTOR CONT

3. 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 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 on an attachment with an address, with all other like empowered.

SIGNATURE:

1. Entity Name

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR