## **2000 UNIFORM BUSINESS REPORT (UBR)**

## FILED Feb 21, 2000 8:00 am Secretary of State DOCUMENT # P95000045312 1. Entity Name BIO-CLEAN MARKETING GROUP, INC. 02-21-2000 90008 015 \*\*\*150.00 Principal Place of Business Mailing Address 13715 ISHNALA CIRCLE % MICHAEL FABRIZI. 13715 ISHNALA CIRCLE WELLINGTON FL 33414-7804 WELLINGTON FL 33414 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE Applied For City & State City & State 4. FEI Number 65-0591759 Not Applicable Zip Country 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 FABRIZI, MICHAEL Street Address (P.O. Box Number is Not Acceptable) 13715 ISHNALA CIRCLE **WELLINGTON FL 33414** Zip Code City FL 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) 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, 2000 Fee will be \$550.00 Trust Fund Contribution. Added to Fees Make Check Payable to Department of State (See criteria on back) ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 12. 11. OFFICERS AND DIRECTORS TITLE Delete TITLE Change ☐ Addition FABRIZI, MICHAEL J NAME STREET ADDRESS 13715 ISHNALA CIRCLE STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP **WELLINGTON FL 33414** ☐ Change ☐ Addition Delete TITLE TITLE **GUALTIERI, JOSEPH** NAME NAME STREET ADDRESS STREET ADDRESS 13715 ISHNALA CIRCLE CITY-ST-ZIP CITY-ST-ZIP WELLINGTON FL 33414 Change ☐ Addition ☐ Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-7IP CITY-ST-ZIP Change ☐ Addition ☐ Delete TITLE TITLE NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change TITLE ☐ Delete TITLE Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change ■ Addition Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-7IP CITY-ST-ZIP

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13. Thereby certify that the information supplied with this filling 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.

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