

**FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

FILED
May 21, 2002 8:00 am
Secretary of State

05-21-2002 91216 045 ***150.00

DOCUMENT # **P950000 57693**

1. Entity Name

HL BRIGHT CLEANING SERVICES INC

DO NOT WRITE IN THIS SPACE

666257

2. Principal Place of Business

9786 SW 138 AVE

Suite, Apt. #, etc.

3. Mailing Address

9786 SW 138 AVE

Suite, Apt. #, etc.

DO NOT WRITE IN THIS SPACE

City & State

MIAMI FL

City & State

MIAMI FL

4. FEI Number

65-0595820

Applied For

Not Applicable

Zip

33186

Country

Zip

33186

Country

5. Certificate of Status Desired ☐

\$8.75 Additional

-Fee Required-

7. Name and Address of Current Registered Agent

Name

LIZARRAZU, LECY

Street Address (P.O. Box Number is Not Acceptable)

9786 SW 138 AVE

City

MIAMI

FL

Zip Code

33186

**DO NOT WRITE
IN THIS SPACE**

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

Lecy Lizarrazu

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

LECY LIZARRAZU

04/30/02

DATE

9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. ☐

January 1 - May 1 Fee is \$150.00

After May 1, Fee is \$550.00

Amended UBR is \$61.25

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

**D/P/S
LIZARRAZU, LECY
9786 SW 138 AVE
MIAMI FL 33186**

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

**D/V/T
LIZARRAZU, HERMAN
9786 SW 138 AVE
MIAMI FL 33186**

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

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IN THIS SPACE**

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 on an attachment with an address, with or without other like empowered.

SIGNATURE:

Lecy Lizarrazu

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

LECY LIZARRAZU-PRES

Date

Daytime Phone #

04/30/02 1305388-3908

CR2E034B (12/01)