

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P95000073493

1. Entity Name

DOCTOR CLEAN CORPORATION

**FILED**  
**May 17, 2000 8:00 am**  
**Secretary of State**

05-17-2000 90987 011 \*\*\*150.00

Principal Place of Business

Mailing Address

3040-NE 190 ST.  
 #216  
 MIAMI BEACH FL 33141

3040-NE 190 ST.  
 #216  
 MIAMI BEACH FL 33141

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

65-0618585

Applied For

Not Applicable

5. Certificate of Status Desired ☒

**\$8.75** Additional  
 Fee Required



DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

HOYOS, ELIECER  
 3040 NE 190TH ST. #216  
 N. MIAMI FL 33180

Name

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

City

FL

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 ELIECER HOYOS 02/24/00

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

(NOTE: Registered Agent signature required when reinstating)

DATE

9. This corporation is eligible to satisfy its Intangible  
 Tax filing requirement and elects to do so.  
 (See criteria on back) ☐

**FILE NOW!!! FEE IS \$150.00**  
**After MAY 1, 2000 Fee will be \$550.00**  
**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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE **D** ☒ Delete  
 NAME **BOCCO, RODOLFO G**  
 STREET ADDRESS **1162 - 103RD ST.**  
 CITY-ST-ZIP **BAY HARBOR ISLAND FL 33154**

TITLE ☐ Change ☐ Addition  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE **VP** ☒ Delete  
 NAME **HOYOS, ELIECER**  
 STREET ADDRESS **3040 NE 190TH ST. #216**  
 CITY-ST-ZIP **N. MIAMI FL 33180**

TITLE ☒ Change ☐ Addition  
 NAME **PRESIDENT**  
 STREET ADDRESS **HOYOS, ELIECER**  
 CITY-ST-ZIP **3040 NE 190th STREET #216**  
**AVENTURA, FL 33180**

TITLE **PSD** ☒ Delete  
 NAME **BOCCO, RODOLFO G**  
 STREET ADDRESS **1162 103RD STREET**  
 CITY-ST-ZIP **BAY HARBOR ISLAND FL**

TITLE ☐ Change ☐ Addition  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE **VP** ☒ Delete  
 NAME **ELIECER, HOYOS**  
 STREET ADDRESS **3040 NE 190TH ST. #216**  
 CITY-ST-ZIP **MIAMI BEACH FL 33180**

TITLE ☒ Change ☐ Addition  
 NAME **PRESIDENT**  
 STREET ADDRESS **ELIECER HOYOS**  
 CITY-ST-ZIP **3040 NE 190th STREET #216**  
**AVENTURA, FL 33180**

TITLE ☐ Delete  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE ☐ Delete  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
 NAME  
 STREET ADDRESS  
 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 an other like empowered.

SIGNATURE: ELIECER HOYOS

02/24/00 (305) 866-4999

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (9/99)