2000 UNIFORM BUSINESS REPORT (UBR)

APPROVED AND FILED
09-17-2001 90011 015 ***750.00
P96000018117

02 MAY 15 PM 2:31

SECRETARY OF STATE
TALLAHASSEE, FLORIDA
00063786

DOCUMENT # P96000018117

1. Entity Name
THE BEST MAID SERVICES GROUP INC.

Principal Place of Business	Mailing Address
900 W 49 STREET 538 HIALEAH FL 33012 US	900 W 49 STREET 538 HIALEAH FL 33012 US

2. Principal Place of Business	3. Mailing Address
900 W. 49 street	900 W 49 Street
4. Suite, Apt. #, etc. 504	Suite, Apt. #, etc. 504
City & State Hialeah Florida	City & State Hialeah, FLorida
Zip 33012 Country US	Zip 33012 Country US

DO NOT WRITE IN THIS SPACE

4. FEI Number 65-0646997 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ $8.75 Additional Fee Required

6. Name and Address of Current Registered Agent	7. Name and Address of New Registered Agent
TRUFANT, RAYMOND E 6991 COLLEGE COURT DAVIE FL 33317	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 Raymond E. Trufant Pres. DATE 9-10-2000
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

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 $550.00
After SEPTEMBER 13, 2000 Min. will be $750.00
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 / NAME / STREET ADDRESS / CITY-ST-ZIP	P TRUFANT, RAYMOND E 6991 COLLEGE COURT DAVIE FL 33317	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	President Raymond E. Trufant 16480 S. Post Rd #102 Weston, Florida 33331 ☒ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	REINSTATEMENT 2000-2001 ☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition

600005666046--1
-06/03/02--01091--001
****150.00 ****150.00
600005666046--1
06/03/02--01091--002
****150.00 ****150.00

CR2E024 (5/00)

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 all other like empowered.

SIGNATURE: SIGNATURE REQUIRED Pres. 9/10/2000 305 725-9646
SIGNATURE AND TYPED OR PRINTED NAME OF ADJUDICATING OFFICER OR DIRECTOR — Date — Daytime Phone #