


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

FILED
May 19, 2003 8:00 am
Secretary of State

05-19-2003 90231 014 ***150.00

DOCUMENT # P96000018334

1. Entity Name Pro Clean & Maintenance, Inc



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business 16598 NW 5th Street
Suite, Apt. #, etc.

3. Mailing Address Same
Suite, Apt. #, etc.

City & State Pembroke Pines, FL City & State
Zip 33023 Country Broward Zip Country

DO NOT WRITE IN THIS SPACE

4. FEI Number 65-0644124 Applied For ☐ Not Applicable

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

7. Name and Address of Current Registered Agent
Name John
Street Address (P.O. Box Number is Not Acceptable) 16598 NW 5th Street
Pembroke Pines FL Zip Code 33023

**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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

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

(NOTE: Registered Agent signature required when reinstating)

DATE

* January 1 - May 1 Fee is \$150.00
After May 1, Fee is \$550.00
Amended UBR is \$61.25
Make Check Payable to Florida Department of State

9. Election Campaign Financing
Trust Fund Contribution. ☐ \$5.00 May Be Added to Fees

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	<u>President</u> <u>John - OAZITUA</u> <u>16598 NW 5th Street</u> <u>Pembroke Pines</u>	TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<u>Vice President</u> <u>Daniel OAZITUA</u> <u>16598 NW 5th Street</u> <u>Pembroke Pines</u>	TITLE NAME STREET ADDRESS CITY-ST-ZIP	
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IN THIS SPACE**

12. 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 10 or on an attachment with an address with all officer or director empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034B (12/02)