05-03-2004 90387 025 ***150.00
P96000075010

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

04 JUN 18 AM 8:00

94077476

FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P96000075010

1. Entity Name
MAX STEAMER CARPET. INC
CLEANER. INC

DO NOT WRITE IN THIS SPACE

REINSTATEMENT 03-04
DO NOT WRITE IN THIS SPACE
MRB

2. Principal Place of Business	3. Mailing Address
1080-94 ST	1080-94 ST
Suite, Apt. #, etc.: #105	Suite, Apt. #, etc.: #105
City & State: BAY HARBOR FL	City & State: BAY HARBOR FL
Zip: 33154 Country: USA	Zip: 33154 Country: USA

4. FEI Number: 650694302 — Applied For / Not Applicable

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

DO NOT WRITE IN THIS SPACE

7. Name and Address of Current Registered Agent
Name: NESTOR CORONADO
Street Address (P.O. Box Number is Not Acceptable): 7360 CORAL WAY
City: MIAMI FL Zip Code: 33155

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) DATE

300038249323
06/24/04--01092--003 **158.75

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

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	DPS
NAME	GUILLERMO BARRAZA
STREET ADDRESS	1080-94 ST #105
CITY-ST-ZIP	BAY HARBOR FL 33154
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
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NAME	
STREET ADDRESS	
CITY-ST-ZIP	
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NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

DO NOT WRITE IN THIS SPACE

CR2E034B (12/01)

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 all other like empowered.

SIGNATURE: [signature] 4/24/04 305-8661266
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #
GUILLERMO BARRAZA