

# 2000 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Apr 18, 2000 8:00 am**  
**Secretary of State**

04-18-2000 90174 044 \*\*\*150.00

**DOCUMENT # P96000075669**

1. Entity Name

**CLEANCO GROUP, INC.**

Principal Place of Business

**1050 NW 55TH ST  
 FT. LAUDERDALE FL 33310**

Mailing Address

**P.O. BOX 8172  
 FT LAUDERDALE FL 33310-8172**

2. Principal Place of Business

**1050 NW 55TH ST**

3. Mailing Address

**PO Box 8172**

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

**FT. LAUDERDALE, FL.**

City & State

**FT. LAUDERDALE FL**

4. FEI Number

**65-0713139**

Applied For

Not Applicable

Zip

**33310**

Country

**USA**

Zip

**33310**

Country

**USA**

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

6. Name and Address of Current Registered Agent

**GLANSEN, CLIFF  
 1050 NW 55TH ST  
 FT. LAUDERDALE FL 33310**

7. Name and Address of New Registered Agent

Name

**CLIFF GLANSEN**

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

**5830 SHENIDAN ST**

City

**HOLLYWOOD FL**

FL

Zip Code

**33021**

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

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

TITLE **PVST** ☐ Delete  
 NAME **GLANSEN, CLIFF**  
 STREET ADDRESS **1050 NW 55TH ST**  
 CITY-ST-ZIP **FT. LAUDERDALE FL 33310**

TITLE ☐ Delete  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE ☐ Delete  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

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 STREET ADDRESS  
 CITY-ST-ZIP

TITLE ☐ Delete  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

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

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

TITLE ☐ Change ☐ Addition  
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 STREET ADDRESS  
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 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 all other like empowered.

SIGNATURE:

**CLIFF GLANSEN**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

**4-11-00**

Daytime Phone #

**954/1776-1555**