(2000	UNIFORM BUSI	NESS REPO	DRT (UBR <u>∤</u>	Mono	Som	WH .	ر بار المرابع
DOCUN 1. Entity Name	MENT # P960000	98942	•	/ 1	110170	FILED	10821	00
MGM Pressure Cleaning Principal Place of Business Mailling Godress				-	OO AUG 23 AM 8: 53			
Principal Place	Blud of Champion	Mailing bloress N.G.M Pr 6523 Bly N. Lunde	essured of Cerdale	e Cleaning hampior	カタ 利車が	ASSEE. FLO	RIDA	
t. Principal Place of Business 3. Mailing Address			· · · · · · · · · · · · · · · · · · ·	33062				•
Suite, Apt.	Apt. #, etc. Suite, Apt. #, etc.				DO NOT WRITE IN THIS SPACE			
City & State	City & State				4. FEI Number 65-07.09	794		pplied For ot Applicable
Zip	Country	Zip	Country		5. Certificate of Stat		\$8.75 Ad Fee Require	
	6. Name and Address of Current R		——— <u>—</u>		7. Name and Addre	ss of New Register	red Agent	
lichael b. Michnowicz SR				Name Street Address (P.O. Box Number is Not Acceptable)				
6523 Blvd of Champion 5 V. Lauderdale, 71 33068			-	9000033836991				
• • • •	, ,, ,,		-	City		-09/06/00 *****61	*****	61.25
3. The above	named entity submits this statement for	the purpose of changing it	ts registered	office or register	red agent, or both, in th	e State of Florida.		
SIGNATURĒ	Signature, typed or printed name of registered agent ar	nd title if applicable (NO	TE. Registered Ag	gent signature required	when reinstating)	DA	ATE	•
Tax filing re	ration is eligible to satisfy its Intangible equirement and elects to do so. ia on back)	FILE NOW Atter MAY 1, 2 Make Check Paya	化磁性 化氯甲磺酰 化邻氯甲烷	It be \$550.00	te Trust Fund	Campaign Financing d Contribution.	Adde	00 May Be d to Fees
11.	OFFICERS AND E	DIRECTORS	12.			GES TO OFFICERS	AND DIRECTOR	
ITLE IAME STREET ADDRESS CITY-ST-ZIP	President Michael 6 Michnow 6523 Blyd of Chan Nihauderdale, 71	npions	TITLE NAME STREET / CITY-ST	623 6523	Officer halier Danie 3 Blyd of C auderdale,	hampions	☐ Change	Addition
TTI F	Vice President MG Michnowicz [] 6523 Blvd of Champ N, Lauderdale, 7]	Delete	TITLE NAME STREET	ADDRESS	umerouse)	11 33000	Change .	Addition
TITLE — Name Street adoress	Scott Clay 6523 Blud of Chance	ojons	TITLE NAME	ADDRESS	- 146	. ~.	_ Change	☐ Addition
CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP	N. Landerdole , 7/_		TITLE NAME STREET /	ADDRESS			☐ Change	Addition
TITLE NAME STREET ADDRESS		☐ Delete	TITLE NAME STREET	ADDRESS			☐ Change	☐ Addition
CITY-ST-ZIP ITLE NAME STREET ADDRESS		☐ Delete	CITY-ST TITLE NAME STREET A	ADDRESS		78 ?	☐ Change	☐ Addition
CITY-ST-ZIP		this filling door not qualify f	CITY-ST		ection 119.07(3Vi) Flori	ida Statutes I furthe	r certify that the	information
13. I hereby of indicated of the corr	certify that the information supplied with on this report or supplemental report is poration or the receiver or trustee empo or on an attachment with an address, w	true and accurate and that wered to execute this repor	t my signature rt as required	shall have the	same legal effect as if i	made under oath: th	at i am an once	i or director