2002 Uniform Business Report (UBR)

Apr 02, 2002 8:00 am Secretary of State P97000004097 DOCUMENT # 1. Entity Name SUPERSONIC CLEANING SERVICE, INC. 04-02-2002 90917 041 ***150.00 Principal Place of Business Mailing Address 14511 N.W. 13TH ROAD 14511 N.W. 13TH ROAD MIAMI FL 33167 **MIAMI FL 33167** 2. Principal Place of Business 3. Mailing Address DO NOT WRITE IN THIS SPACE Suite=Apt=#Fete=== Suite, Apt. #, etc. Applied For 4. FEI Number City & State City & State 65-0742423 Not Applicable Zip Country \$8.75 Additional Country 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent Name GAINSBRUGH, MARTIN C Street Address (P.O. Box Number is Not Acceptable) 14511 N.W. 13TH ROAD MIAM! FL 33167 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 lawner Martin Gainsbroy Signature, typed or printed name of registered agent and title if applicable. FILE NOW!!! FEE IS \$150.00 ---9. This corporation is eligible to satisfy its Intangible =10. Election Campaign Financing -\$5:00 May Be After May 1, 2002 Fee will be \$550.00 Tax filing requirement and elects to do so. Trust Fund Contribution. Added to Fees (See criteria on back) Make Check Payable to Department of State ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 OFFICERS AND DIRECTORS 11. CR2E034 (9/01) Change ☐ Addition ☐ Delete TITLE TITLE GAINSBRUGH, MARTIN C NAME NAME 14511 N.W. 13TH ROAD STREET ADDRESS STREET ADDRESS MIAMI FL 33167 CITY-ST-ZiP CITY-ST-ZIP Change Addition □ Delete TITLE NAME STREET ADDRESS STREET ADDRESS CiTY-ST-ZIE CITY-ST-ZIP Change ☐ Addition TITLE ☐ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-7IE CITY-ST-ZIP ☐ Change ☐ Addition TITLE ☐ Delete TITLE NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change ☐ Addition ☐ Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP · 🔲 Delete ☐ Change ☐ Addition TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP 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 amproved.

SIGNATURE: