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2000 UNIFORM BUSINESS DOCUMENT # P97000067/33 FILED 00 SEP 29 PM 12: 27 ATLANTIC CLEANING PRODUCTS OF DADE COMPANY CERCLE LARY OF STATE
TAGLAR/1888E. FLORIBA Principal Place of Business Mailing Address SAMF 13230 SW, 101 STREET MIAMI. FL. 33/86 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE 4. FEI Number 65 - 0774804 City & State City & State Applied For Not Applicable Country ADE Zip Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent -7. Name and Address of New Registered Agent 13230 Sw 131 Street Maleka Street Address (P.O. Box Number is Not Acceptable) Miami, FL. . 33186 Mani 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. (NOTE: Registered Agent signature required when reinstating) 10. Election Campaign Financing \_\_\$5.00\_May.Be. Trust Fund Contribution. (See criteria on back) Make Check Payable to Department of State ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 OFFICERS AND DIRECTORS 11. 12. TITLE 5 ☐ Delete TITLE Addition NAME -NAME MOHAMMAD MALEKI CR2E034 13230 SW 131 Street Miami, Fr. 33186 STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Delete ☐ Change Addition TITLE NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-7IP TITLE Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-7IP CITY-ST-ZIP ☐ Delete ☐ Addition TITLE TITLE ☐ Change NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-7IP TITLE ☐ Delete ☐ Change ☐ Addition TITI F NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE TITLE ☐ Change ☐ Addition Delete NAME NAME STREET ADDRESS 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 all other like empowered.

SIGNATURE:

Miami, Florida May 30, 2000

Uniform Business Report Division of Corporation P.O. Box 1500 Tallahassee, Florida 32302-1500

REF: Document # P97000067133

Dear Sir:

I am writing this letter in the name of our client ATLANTIC CLEANING PRODUCTS OF DADE COMPANY who was unable to paid on time the annual report due to the fact: 1) It never received such a paper at the address the business is located and 2) Its former accountant was diagnosed with cancer in the liver and he was not able to perform in completing his duties. Finally we got the report from your office in order to send it to you with the check of \$450.00.

We hope that your generosity and understanding of this matter will be sufficient enough to avoid any penalty and the Company will become active again.

Cordially Yours,

JULIO C. MOLINA

ATLANTIC CLEANING PRODUCTS OF DADE COMPANY