2000 UNIFORM BUSINESS REPORT (UBR)

## **FILED** Mar 22, 2000 8:00 am Secretary of State DOCUMENT # **P97000067658** CLEANABILITY OF FLORIDA, INC. 03-22-2000 90035 049 \*\*\*150.00 Mailing Address Principal Place of Business 10390 S.W. 138TH COURT 10390 S.W. 138TH COURT MIAMI FL 33186 MIAMI FL 33186-6890 628452 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE City & State City & State 4. FEI Number Applied For 65-0772561 Not Applicable Country Zip Zip \$8.75 Additional Country 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name RODRIGUEZ, WALTER Street Address (P.O. Box Number is Not Acceptable) 14525 S.W. 88TH ST. #J108 MIAMI FL 33186 City Zip Code FL 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, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE 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, 2000 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 12. 11. CR2F034 (9/99) ☐ Addition ☐ Change TITLE □ Delete TITLE RODRIGUEZ, WALTER NAME NAME 14525 S.W. 88TH ST #J108 STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP **MIAMI FL 33186** ☐ Change ☐ Addition TITLE ☐ Delete 1)7) F RODRIGUEZ, SANTOS NAME NAME STREET ADDRESS 10390 S.W. 138TH COURT STREET ADDRESS CITY-ST-ZIE CITY-ST-ZIP **MIAMI FL 33186** Addition ☐ Delete ☐ Change TITLE TITLE RODRIGUEZ, NORMA M NAME NAME STREET ADDRESS STREET ADDRESS 10390 S.W. 138TH COURT CITY-ST-ZIP CITY-ST-7IE MIAMI FL 33186 ☐ Delete Change ☐ Addition TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-7IP CITY-ST-ZIP ☐ Change [ ] Addition TITLE ☐ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Change Addition ☐ Delete TITLE 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 apport 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 regeiver 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 of the corporation or the rechanged, or on an attached