2001 UNIFORM BUSINESS REPORT (UBR)

changed, or on an attach

SIGNATURE

n address, with all other like empowered.

TURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

FILED Apr 25, 2001 8:00 am Secretary of State DOCUMENT.# **P97000067658** 1. Entity Name CLEANABILITY OF FLORIDA, INC. 04-25-2001 90119 044 ***150.00 Principal Place of Business Mailing Address 10390 S.W. 138TH COURT 10390 S.W. 138TH COURT MIAMI FI 33186 MIAM1 FL 33186 2. Principal Place of Business 3. Mailing Address 960157 PO. BOX Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE Applied For City & State City & State 4. FEI Number 65-0772561 **FLORIDA** Not Applicable Zip Country Country \$8.75 Additional 5. Certificate of Status Desired OSA Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent VORFET MERCER RODRIGUEZ, WALTER Street Address (P.O. Box Number is Not Acceptable) 14525 S.W. 88TH ST. #J108 MIAMI FL 33186 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. FILE NOW!!! FEE IS \$150.00 9. This corporation is eligible to satisfy its Intangible 10. Election Campaign Financing \$5.00 May Be Tax filing requirement and elects to do so. After MAY 1, 2001 Fee will be \$550.00 Trust Fund Contribution. Added to Fees (See criteria on back) Make Check Payable to Department of State OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 11. 12. TITLE Addition TITLE ☐ Delete RODRIGUEZ, WALTER NAME MAME 14525 S.W. 88TH ST #J108 STREET ADDRESS STREET ADDRESS CITY-ST-ZIP **MIAMI FL 33186** CITY-ST-ZIP X Delete TITLE Change Addition TITLE RODRIGUEZ, SANTOS NAME NAME 10390 S.W. 138TH COURT STREET ADDRESS STREET ADDRESS CITY-ST-ZIP MIAMI FL 33186 CITY-ST-ZIP X Delete TITLE ☐ Change ☐ Addition TITLE RODRIGUEZ, NORMA M NAME NAME 10390 S.W. 138TH COURT STREET ADDRESS STREET ADDRESS CITY-ST-ZIP MIAMI FL 33186 CITY-ST-ZIP ☐ Delete TITLE Change ☐ Addition TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Delete TITLE Change Addition 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