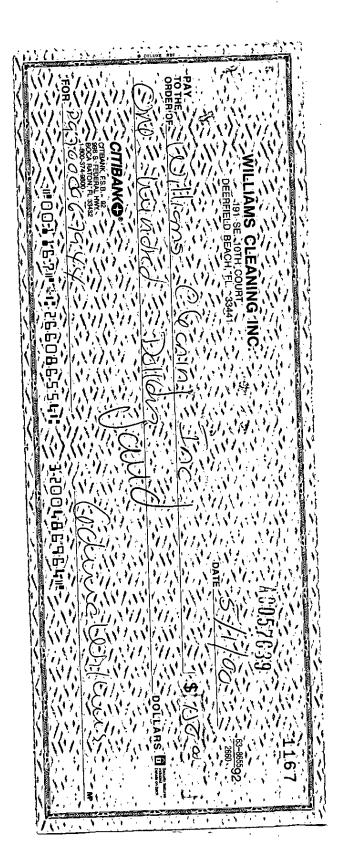
2000 UNIFORM BUSINESS REPORT-(UBR)

DOCUMENT # **P97000067944** Jun 12, 2000 8:00 am Secretary of State WILLIAMS CLEANING, INC. 06-12-2000 90037 010 ***150.00 Principal Place of Business Mailing Address 4621 S.W. 12TH STREET 191 S.E. 10TH COURT DEERFIELD BEACH FL 33441 DEERFIELD BEACH FL 33442-8218 3. Mailing Address 2. Principal Place of Business Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE Suite, Apt. #, etc. Applied For City & State 4. FEI Number City & State 59-3490595 Not Applicable Country \$8.75 Additional Zio Zip Country 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent 5. Name and Address of Current Registered Agent POSADA, MANUEL Street Address (P.O. Box Number is Not Acceptable) 4191 S.E. 10TH COURT DEERFIELD BEACH FL 33441 Zip Code City 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 Signature, typed or printed name of registered agent and title it applicable. (NOTE: Registered Agent alignature required when reinstating) 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 11. 12. Change ☐ Addition ☐ Detete TITI F TITLE POSADA, MANUEL NAME NAME 191 SE 10TH COURT STREET ADDRESS STREET ADDRESS CITY-ST-ZIP **DEERFIELD BEACH FL 33441** CITY-ST-ZIP Change ☐ Addition ☐ Delete TITLE POSADA, JUAN M NAME NAME STREET ADDRESS STREET ADDRESS 191 S.E. 10TH COURT CITY-ST-ZIP CITY-ST-ZIP DEERFIELD BEACH FL 33441 ☐ Delete ☐ Change Addition TITLE WILLIAMS, ADRIANA NAME NAME 4621 S.W. 12TH STREET STREET ADDRESS STREET ADDRESS CITY-ST-ZIP **DEERFIELD BEACH FL 33442** CITY-ST-ZIP ☐ Addition Change TITLE Defete GRANT, JUANITA NAME NAME 191 S.E. 10TH COURT STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP DEERFIELD BEACH FL 33442 ☐ Addition ☐ Change TITLE TITLE ☐ Delete NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-7IP ☐ Change ☐ Addition ☐ Delete TITLE ΠΠF 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 empow Daytime Phone # NATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date

AHachment DH P7000062944, 662276



voided Check