

2001 UNIFORM BUSINESS REPORT (UBR)

5/4/

FILED
Jun 02, 2001 8:00 am
Secretary of State

05-04-2001 90092 049 ***150.00

DOCUMENT # P97000079141

1. Entity Name
B SMART CLEANING SERVICES, INC.

Principal Place of Business Mailing Address
407 LINCOLN ROAD SUITE 5B 407 LINCOLN ROAD SUITE 5B
MIAMI BEACH FL 33139 MIAMI BEACH FL 33139

2. Principal Place of Business 3. Mailing Address
245 SE 1st Street suite 431 7925 NW 12th Street
 Suite, Apt. #, etc. Suite, Apt. #, etc.
431 318

City & State City & State
MIAMI - FL MIAMI - FL
 Zip Country Zip Country
33131 USA 33126 USA

4. FEI Number **65-0715611** Applied For
 Not Applicable
 5. Certificate of Status Desired ☐ \$8.75 Additional
 Fee Required

6. Name and Address of Current Registered Agent
BRITO, LUIS G
407 LINCOLN ROAD SUITE 5B
MIAMI BEACH FL 33139

7. Name and Address of New Registered Agent
 Name **TAX MANAGEMENT SERVICES CORP.**
 Street Address (P.O. Box Number is Not Acceptable)
7925 NW 12th Street suite 318
 City **Miami** FL Zip Code **33126**

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]* DATE **5/21/01**
Signature typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. ☐ **FILE NOW!!! FEE IS \$150.00**
After MAY 1, 2001 Fee will be \$550.00
Make Check Payable to Department of State
 10. Election Campaign Financing Trust Fund Contribution. ☐ **\$5.00 May Be Added to Fees**

11. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	PSD TRAVER, VALERIA 7533 BUCCANEER AVE NORTH BAY VILLAGE FL 33141	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition

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 empowered.

SIGNATURE: *[Signature]* DATE **04/05/01** (305) 358-9666
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E034 (10/00)