

2000 UNIFORM BUSINESS REPORT (UBR)

FILED

May 17, 2000 8:00 am
Secretary of State

05-17-2000 90851 028 ***150.00

DOCUMENT # P97000092466

1. Entity Name

COME CLEAN INC.

Principal Place of Business

Mailing Address

2031 NW 48 TERRACE
LAUDERHILL FL 33313
US

2031 N.W. 48TH TERRACE
LAUDERHILL FL 33313-4146

2. Principal Place of Business

3. Mailing Address

2031 NW 48 Ter

same

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Lauderhill

Zip

Country

Zip

Country

FL

Broward

4. FEI Number

65-0789885

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

WILSON, JOSEPH
2031 N.W. 48TH TERRACE
LAUDERHILL FL 33313

Name

Joseph Wilson

Street Address (P.O. Box Number is Not Acceptable)

2031 NW 48 Ter

City

Lauderhill

FL

Zip Code

33313

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 if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

9. This corporation is eligible to satisfy its Intangible
Tax filing requirement and elects to do so. ☐
(See criteria on back)

FILE NOW!!! FEE IS \$150.00
After MAY 1, 2000 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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
	D	WILSON, JOSEPH	2031 N.W. 48TH TERRACE LAUDERHILL FL 33313	<input type="checkbox"/>					<input type="checkbox"/>	<input type="checkbox"/>
	D	WILSON, VALERIE	2031 N.W. 48TH TERRACE LAUDERHILL FL 33313	<input type="checkbox"/>					<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>					<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>					<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>					<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>					<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>					<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>					<input type="checkbox"/>	<input type="checkbox"/>

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:

Valerie Wilson - Vice president

4-28-00 (954) 486-8779

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (9/99)