2000 UNIFORM BUSINESS REPORT (UBR) FILED DOCUMENT # 1898 0000 34 Jun 07, 2000 8:00 am Secretary of State A-1 Commercial Cleaning 06-07-2000 90004 023 \*\*\*150.00 10114 Winsford Oak Blvd Principal Place of Business amra FL 33624 853405 3. Mailing Address 2. Principal Place of Business MacDill Ave Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE City & State 4. FEI Number Applied For 0809936 65-/ampa Not Applicable Zip \$8.75 Additional 5. Certificate of Status Desired *3*3609 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent CHONG WON Lee Street Address (P.O. Box Number is Not Acceptable) 113 S. MacDill Ave. Zip Code 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 (NOTE: Registered Agent signature required when reinstating) 9. This corporation is eligible to satisfy its Intangible FILE NOW!!! FEE IS \$150.00 10. Election Campaign Financing \$5.00 May Be Tax filing requirement and elects to do so. After MAY 1, 2000 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 12. ☐ Change Addition TITLE Delete TITLE WON LEE NAME NAME S. MacDill Ave #B STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP UTLE TITLE Change ■ Addition NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Addition TITLE ☐ Delete NAME NAME STREET AUURESS STREET ADDRESS CITY - ST-ZIP CITY-ST-ZIP Addition TITLE ☐ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS C17Y - ST - 7/P CITY-ST-ZIP Addition Change TITLE ☐ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-7IP Change Addition TITLE ☐ Delete TITLE NAME HAME 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 empowered. SIGNATURE: SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Daytime Phone #