1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # **P98000030273**1. Corporation Name

R.P.M. CLEANING SERVICES, INC.

Principal Place of Business
17520 NW 20 AVENUE
MIAMI EL 33056

Mailing Address

17520 NW 20 AVENUE MIAMI FL 33056

FILED May 05, 1999 8:00 am Secretary of State

05-05-1999 90057 048 ***150.00



MIAMI IL 33000	,	Million C. Condoo		DO NOT WRITE IN THIS SPACE				
					3. Date Incorporated or Qualifed 03/30/1998			
2. Principal Pi	lace of Business	2a. Mailing Address			4. FEI Number		A	pplied For
21 1110 1	NE 204 ST.	26 1110 NE 204	sT.		65-0825386		- No	ot Applicable
Suite, Apt.		Suite, Apt. #, etc.			5. Certifcate of Status Desired		\$8.75 Fee Re	
City & State City & State City & State City & State 23 NORTH MIRMI BEACH FL. 28 NORTH N			£ach	FL:	Election Campaign Financing Trust Fund Contribution			May Be to Fees
Zip	Country	Zip	Cour		8. This corporation owes the curre	nt vear Inta		
24 331			o d A	10	Personal Property Tax.	, 00	☐Yes	✓No
24 /	9. Name and Address of Current		<u> </u>		10. Name and Address of New R	egistered A	Agent	
		<u> </u>		81 Name				
MCF.	ARLANE, WENSLEY		-	82 Street Addre	NSLEY MEFARIANE	-1-1		
1752	17520 NW 20 AVENUE				ess (P.O. Box Number is Not Accepta	oie)		
MIAN	M FL 33056		}	83	704 31			
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				City NOK	TH MIRMI BRACH	FĻ	33	Code 119
office or re	to the provisions of Sections 607.0502 egistered agent, or both, in the State o m familiar with, and accept the obligation	f Florida. Such change was aut	horized	by the corporatio	pration submits this statement for the in's board of directors. I hereby accep	the appoin	itment as re	gistered
SIGNATURE						DATE		<u> </u>
	Signature, typed or printed name of registered agent			gent signature required	when reinstating) ADDITIONS/CHANGES TO OFF		D DIRECTO	DRS IN 12
12.	OFFICERS AND	DELETE	13.		ADDITIONS/CHANGES TO OTH	ICENS AN	Change	Addition
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NAME [MCFARLANE, WENSLEY		1.2 NA					
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NAME	MCFARLANE, PATRICIA		2.2 NA					
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14. 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 annual report or supplemental annual 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 12 or Block 13 if changed, or on an attachment with an address, with all other like empowered.

305 620 4847