

**FOR PROFIT CORPORATION  
UNIFORM BUSINESS REPORT (UBR)**

**FILED**  
**May 10, 2002 8:00 am**  
**Secretary of State**

05-10-2002 90037 039 \*\*\*150.00

DOCUMENT # P9800032553

1. Entity Name

P98000032553  
Century Cleaning Inc.

**DO NOT WRITE IN THIS SPACE**

2. Principal Place of Business

633 N.E 167 St

Suite, Apt. #, etc.

622

3. Mailing Address

Suite, Apt. #, etc.

City & State

Miami, FL

City & State

4. FEI Number

65-0824082

Applied For

Not Applicable

Zip

33162

Country

Zip

Country

DO NOT WRITE IN THIS SPACE

7. Name and Address of Current Registered Agent

Name

Sadiku, Dauda

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

633 NE 167 St # 622

City

Miami

FL

Zip Code

33162

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

Dauda. Sadiku

Signature, typed or printed name of registered agent and title if applicable

Registered Agent signature required when reinstating

04/27/02

DATE

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

☐

January 1 - May 1 Fee is \$150.00

After May 1, Fee is \$550.00

Amended UBR is \$61.25

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  
P/S/T/D  
Dauda Sadiku  
633 NE 167 St # 622, Miami, FL 33162

TITLE  
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STREET ADDRESS  
CITY-ST-ZIP

**DO NOT WRITE  
IN THIS SPACE**

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 on an attachment with an address, with all other like empowered.

SIGNATURE

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

04/27/02 (305) 655-1007

Date

Daytime Phone #

CR2E034B (12/01)