FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

FILED May 07, 2002 8:00 am Secretary of State

1. Entity Nam	ne	# <i>P9800</i>				· /	1	05-07-200	2 90215	027 ***150.	00
NIGH	ir & D.	AY CLEANI	NG SERV	ICES, I	NC.						
										, •	
	DO N	OT WRIT	e in t	HIS SF	ACE					, ~	
2. Principal P			3. Mailing	3. Mailing Address						•	
13763 S.W. 157 ST Suite, Apt. #, etc.				SAME Suite, Apt. #, etc.				DO NOT WRITE	IN THIS SI	DACE.	
City & State	e		=== City & St	ale			A 5	El Number	. IN THIS SI		
MIAMI, FL Zip Country								650827181	e	Applied F	
33177		USA	ΣΙΡ		Country			Certificate of Status Desired	– F	8.75 Additional ee Required	
.,*					Nar		7. Na	me and Address of Current R	egistered /	\gent	
		O NOT V I THIS S				JAIME A. TAMAYO Street Address (P.O. Box Number is Not Acceptable) 13763 S.W. 157 ST					
	,				City	MIAM	ίΙ,	FL 33177		T	
8. The above of	named entity	Submits this stafomon	t for the granese			MIAM	II,	FL ent, or both, in the State of Florie	FL	Zip Code 331	77
SIGNATURE	ζ .	printed name of registered ag	ent and title if applicable	. (NOTE: F	legislered Agent s	ignature roquired		2	da. <u>— 19—2</u> _{Вате}	002	.]
Tax filing re (See criteria	equirement an	le to satisfy its Intangi id.elects to do so.) Make	lanuary 1 - Ma After May 1, Amended I Check Payable	Fee Is \$550 JBR is \$61).00 25	9	10. Election Campaign Finan Trust Fund Contribution.	ncing	\$5.00 May Added to Fees	
TITLE	JAIME	OFFICERS AND TAMA	ND DIRECTORS		TITLE				Y Security Consumer		===
NAME STREET ADDRESS	PRESI	DENT	_		NAME STREET ADDRE	SS				0	CR2E034B (12/01)
CITY-ST-ZIP TITLE		S.W. 157			CITY-ST-ZIP						034B
NAME STREET ADDRESS CITY-ST-ZIP		, -2 001.		,	TITLE NAME STREET ADORE CITY-ST-ZIP	SS				,	CR2E
TITLE NAME STREET ADDRESS CITY-ST-ZIP					TITLE NAME STREET ADDRE CITY-ST-ZIP	ss .		DO NOT V	VRIT	* ,	. =
TITLE NAME STREET ADDRESS CITY-ST-ZIP					NAME STREET ADDRES CITY-ST-ZIP	S.		IN THIS S	PAC		
TITLE NAME STREET ADDRESS CITY-ST-ZIP				·	TITLE NAME STREET ADDRES CITY-ST-ZIP	Š					
TITLE NAME STREET ADDRESS CITY-ST-ZIP					TITLE: NAME STREET ADDRES CITY-ST-ZIP				1	. 1	
of the corpo	oration or the i	formation supplied wi supplemental report receiver or trustee en ss. with all other like e	powered to execu	not qualify for the ate and that my s ute this report as	exemption s ignature shal required by	tated in Sect I have the sa Chapter 607	tion 119 ime leg	9.07(3)(i). Florida Statutes. I fur gal effect as if made under oath la Statutes; and that my name	ther certify that I am a appears in	hat the information on officer or direct Block 11 or on an	n Or