2000 UNIFORM BUSINESS REPORT (UBR)

May 24, 2000 8:00 am Secretary of State DOCUMENT # **P98000034484** D.C.S. DAILY CLEANING SERVICES, INC. 05-24-2000 90037 031 ***150.00 Mailing Address Principal Place of Business 7830 W. 28TH AVE., #101 7830 W. 28TH AVE., #101 HIALEAH GARDENS FL 33018-7204 HIALEAH GARDENS FL 33018 3. Mailing Address 2. Principal Place of Business Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE Suite, Apt. #, etc. City & State City & State 4. FÉI Number Applied For 65-0870879 Not Applicable Zip Country Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name LONDONO, CRUZ Street Address (P.O. Box Number is Not Acceptable) 7830 W. 28TH AVE., #101 HIALEAH GARDENS FL 33018 Zip Code FL 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 e of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE Signature, typed or printed FILE NOW!!! FEE IS \$150.00 9. This corporation is eligible to satisfy its Intangible 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 ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 OFFICERS AND DIRECTORS 12. 11. ☐ Change ☐ Addition Delete TITLE TITLE CASTRILLON, WALTER NAME STREET ADDRESS STREET ADDRESS 7830 W. 28TH AVE., #101 CITY-ST-ZIP CITY-ST-ZIP HIALEAH GARDENS FL 33018 ☐ Change ☐ Addition Delete NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ■ Addition Delete TITLE Change TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change Addition ☐ Delete TITLE TITI F NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-7IP ☐ Addition ☐ Change ☐ Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Delete ☐ Change ☐ Addition TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS

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 officer like empowered.

CITY-ST-ZIP

SIGNATURE: SIGNATURE SIGNATURE OF SIGNING OFFICER OR DIRECTOR

CITY-ST-ZIP

4/30/1000 305-698-286 Y