2000 UNIFORM BUSINESS REPORT (UBR)

SIGNATURE:

INATURE AND TYPED OR PRINCED NAME OF SIGNING OFFICER OR DIRECTOR

FILED DOCUMENT # **P98000034515** Apr 20, 2000 8:00 am Secretary of State BLUE HAVEN CLEANER INC. 04-20-2000 90035 001 ***150.00 Principal Place of Business Mailing Address 721 SE 17TH STREET 721 SE 17TH STREET FORT LAUDERDALE FL 33316-2927 FORT LAUDERDALE FL 33316 2. Principal Place of Business 3. Mailing Address 3430-GALT-OCEAN DR 3430-GALT, OCEAN DR DO NOT WRITE IN THIS SPACE Suite, Apt. #, etc. Suite, Apt. #, etc. APT - 805 APT - 805 FORT LAWDERDALE - FL. Applied For 4. FEI Number 65-0827374 FORT LAW DERDALE Not Applicable \$8.75 Additional 5. Certificate of Status Desired Fee Required BROWARD 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent POIRIER ROCH POIRIER 3430-GALT OCEAN LAMOTHE, FERNAND 721 SE 17TH STREET FORT LAUDERDALE FL 33316 FORT LAZEDER DALE FORT LAW DERDALE FL-33308 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. **ROCH POIRIER (PRESIDENT) () () () Signature, typed or printed name of registered agent and title if applicable FILE NOW!!! FEE IS \$150.00 9. This corporation is eligible to satisfy its Intangible 10. Election Campaign Financing \$5.00 May Be After MAY 1, 2000 Fee will be \$550.00 Tax filing requirement and elects to do so. Trust Fund Contribution. Added to Fees Make Check Payable to Department of State (See criteria on back) ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 11. OFFICERS AND DIRECTORS 12. PD TITLE ☐ Change ☐ Addition ☐ Delete TITLE POIRIER, ROCH NAME NAME 3430 GALT OCEAN MILE # 805 STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP FORT LAUDERDALE FL 33308 ☐ Change ☐ Addition ☐ Delete POIRIER, BERTRAND # 805 NAME STREET ADDRESS 3430 GALT OCEAN MILE STREET ADDRESS CITY-ST-7IP CITY-ST-ZIP FORT LAUDERDALE FL 33308 · 🕒 · Change · · · 🔂 · Addition TITLE Detete THILE NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change Addition ☐ Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Defete Change Addition TITLE NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change Addition ☐ Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-7IP 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 attagrighent with an address, with all other like empowered. POIRIER BERTRAND