2002 UNIFORM BUSINESS REPORT (UBR)

FILED May 21, 2002 8:00 am Secretary of State

DOCUMENT # p98000041581 1. Entity Name						05-21-2002 91167 031 ***150.00				
OUALITY	Y COMMERCIAL CLE	ANING, INC.		J						
Principal Place of Business Mailing Address						† <i>.</i>				
437 E. ATLANTIC BLVD. 23266 COUNTRY CLUB DR.						00000				
BAY 3 POMPANO	BEACH FL 33060	BOCA RATON F	'L 3	3428		•				
Principal Place of Business										
Suite, Apt. #, etc. Suite, Apt. #, etc.						DO NOT WRITE IN THIS SPACE				
5884 NV	~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~	5884 NW 74TH						Applied	Ear	
City & State	ND FL	City & State PARKLAND FL			4. FEI Nu 65 - 0	0841620 Not Applicable			licable	
Zip ,33428.	Country	Zip -33428	Co.	ıntry		ate of Status Desired	Fee Re	Additional quired		
	6. Name and Address of Current	Registered Agent		Mama	7. Name a	and Address of New Registe	ered Agent			
				Name						
DENISE DE OLIVERIRA					ss (P.O. Box Number is Not Acceptable)					
23266 COUNTRY CLUB DR BOCA RATON FL 33428				5884 NW 74TH STREET						
8. The above named entity submits this statement for the purpose of changing its				PARKLAND FL 33428						
8. The above	named entity submits this statement	t for the purpose of changing	ıts regi	stered office or	registered aç	jent, or both, in the State of F	iorida.			
	·					P to Major	-	•		
SIGNATURE	Signature, typed or printed name of regist	tered agent and title if applicable.	(NOTE: Registered	d Agent signatu	re required when reinstating)	DATE		-	
	ration is eligible to satisfy its Intangib equirement and elects to do so. a on back)	FILE NOW!!! After MAY 1, 200: Make Check Payable	1 Fee	will be \$550.	00	Election Campaign Financin Trust Fund Contribution.		5.00 May	s	
11.	OFFICERS AND D	DIRECTORS	12.		ADDITIONS	CHANGES TO OFFICERS	AND DIREC	TORS IN 11	<u> </u>	
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NAME	FRANCA ELIZABET		NAME						33	
	23266 COUNTRY C					74TH STREET			CR.2E 034 (11/00)	
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TITLE NAME	VP. DENISE DE OLIVE	<u> </u>	NAME	i i			X Cha	"'NO '	dallon	
	23266 COUNTRY C		STRE	ET ADDRESS 5	884 NV	74TH STREET				
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information	rtify that the information supplied wit indicated on this report or supplementation of the corneration or the received	ental report is true and accura	ite and	that my signat	ure shall have	the same legal effect as if m	ade under o	ath; that I ar		

in Block 11 or Block 12 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: DE OLIVERIRA 04-24-02/51-22/1-5/7.

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #