2000 UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 14, 2000 8:00 am
Secretary of State
04-14-2000 90095 032 ***150.00

DO NOT WRITE IN THIS SPACE

DOCUMENT # P98000048880

1. Entity Name
FLORIDA CLEANING SYSTEMS OF SOUTH FLORIDA, INC.

Principal Place of Business	Mailing Address
3335 N. UNIVERSITY DR., SUITE F DAVIE FL 33024	3335 N. UNIVERSITY DR., SUITE F DAVIE FL 33024-2200

2. Principal Place of Business	3. Mailing Address
12277 SW 55 Street	P.O. Box 292155
Suite, Apt. #, etc.: 911	Suite, Apt. #, etc.
City & State: Cooper City, Florida	City & State: Davie, Florida
Zip: 33330 — Country: USA	Zip: 33329-2155 — Country: USA

4. FEI Number 65-0827122 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent	7. Name and Address of New Registered Agent
ROSSI, NELLY 6841 SW 43RD COURT DAVIE FL 33314	Name Street Address (P.O. Box Number is Not Acceptable) City — FL — Zip Code

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 ____________________ DATE
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

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

FILE NOW!!! FEE IS $150.00
After MAY 1, 2000 Fee will be $550.00
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		12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE	P ☐ Delete	TITLE	☐ Change ☐ Addition
NAME	ROSSI, NELLY	NAME	
STREET ADDRESS	6841 SW 43RD COURT	STREET ADDRESS	
CITY-ST-ZIP	DAVIE FL 33314	CITY-ST-ZIP	
TITLE	VP ☐ Delete	TITLE	☐ Change ☐ Addition
NAME	ROMERO, ANDREA	NAME	
STREET ADDRESS	6814 SW 162 AVE	STREET ADDRESS	
CITY-ST-ZIP	PEMBROKE PINES FL 33331	CITY-ST-ZIP	
TITLE	☐ Delete	TITLE	☐ Change ☐ Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	☐ Delete	TITLE	☐ Change ☐ Addition
NAME		NAME	
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CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	☐ Delete	TITLE	☐ Change ☐ Addition
NAME		NAME	
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CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	☐ Delete	TITLE	☐ Change ☐ Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	

CR2E034 (9/99)

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 attachment with an address, with all other like empowered.

SIGNATURE: Laura Romero Vice President 4/10/00 954-252-6646
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #