2001 UNIFORM BUSINESS REPORT (UBR)

FILED
May 11, 2001 8:00 am
Secretary of State
05-11-2001 90297 047 ***158.75

DOCUMENT # P98000048880

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

Principal Place of Business	Mailing Address
12277 SW 55TH STREET 911 COOPER CITY FL 33330	PO BOX 292155 DAVIE FL 33329-2155

DO NOT WRITE IN THIS SPACE

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 FL.	City & State: Davie, FL.
Zip: 33330 Country: USA Broward	Zip: 33329 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: Lauro Romero Street Address (P.O. Box Number is Not Acceptable): 6814 SW 162 Ave City: Pembroke Pines FL Zip Code 33331

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 [signature] DATE 4/27/01
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, 2001 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 NAME STREET ADDRESS CITY-ST-ZIP	P ROSSI, NELLY 6841 SW 43RD COURT DAVIE FL 33314	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP ROMERO, ANDREA 6814 SW 162 AVE PEMBROKE PINES FL 33331	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
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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: [signature] 4/27/01 954-252-8633
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

CR2E034 (10/00)