

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Aug 18, 2002 8:00 am
Secretary of State

08-18-2002 90140 026 ***150.00

DOCUMENT # P99000008447

1. Entity Name
POZO CLEANER CORP.

Principal Place of Business

9010 S.W. 36TH ST.
 MIAMI FL 33165

Mailing Address

9010 S.W. 36TH ST.
 MIAMI FL 33165

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number **65-0896075**

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

ORTIZ, MARIA E
1335 SW 86TH STREET
MIAMI FL 33144

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

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 \$550.00
After September 13, 2002 Fee will be \$750.00
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
 NAME **POZO, PEDRO**
 STREET ADDRESS **9010 S.W. 36TH ST.**
 CITY-ST-ZIP **MIAMI FL 33165**

TITLE ☒ Change ☐ Addition
 NAME **14800 S.W. 74 Lane**
 STREET ADDRESS **Miami, FL. 33193**
 CITY-ST-ZIP

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
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TITLE ☐ Change ☐ Addition
 NAME
 STREET ADDRESS
 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 attachment with an address, with all other like empowered.

SIGNATURE: **Pedro E. Pozo**
 SIGNATURE AND TYPE OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

305-383-8454

CR2E034 (4/02)

Attachment

975022

Pozo Cleaner Corporation
P.O. Box 441872
Miami, Florida 33144
Phone - Fax: 305-383-88454

Miami, August 6, 2002

Florida Department of State
Division of Corporations
P.O. Box 6327
Tallahassee, Florida 32314

REF. P99000008447

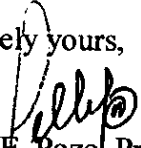
Gentlemen:

Enclosed, please find my check number 1582 in the amount of \$150.00 representing the filing fee for Pozo Cleaner Corporation filing fee for the year 2002.

I am requesting your acceptance of this payment and to please waive the late fee since we did not receive the initial notice sent to all corporations this year.

I apologize for any inconvenience and thank you for allowing us this request.

Sincerely yours,


Pedro E. Pozo, President
Pozo Cleaner Corporation