

**FOR PROFIT CORPORATION  
UNIFORM BUSINESS REPORT (UBR)**

**FILED**  
**May 08, 2003 8:00 am**  
**Secretary of State**

05-08-2003 90176 026 \*\*\*150.00

DOCUMENT # P 99000008605

1. Entity Name

DEOSCENT CLEANING PRODUCTS, INC.



**DO NOT WRITE IN THIS SPACE**

2. Principal Place of Business  
3900 N.W. 79 AVE

3. Mailing Address  
3900 N.W. 79 AVE

Suite, Apt. #, etc.  
SUITE # 326

Suite, Apt. #, etc.  
SUITE # 326

DO NOT WRITE IN THIS SPACE

City & State  
MIAMI, FLORIDA

City & State  
MIAMI, FLORIDA

4. FEI Number  
65 - 0936678

Applied For  
Not Applicable

Zip  
33166

Country  
USA

Zip  
33166

Country  
USA

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

**DO NOT WRITE  
IN THIS SPACE**

**7. Name and Address of Current Registered Agent**

Name  
MANUEL OVIEDO

Street Address (P.O. Box Number is Not Acceptable)

3900 N.W. 79 AVE SUITE 326

City  
MIAMI

FL

Zip Code  
33166

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)

05-06-03

DATE

January 1 - May 1 Fee is \$150.00

After May 1, Fee is \$550.00

Amended UBR is \$61.25

Make Check Payable to Florida Department of State

9. Election Campaign Financing  
Trust Fund Contribution. ☐

\$5.00 May Be  
Added to Fees

**10. OFFICERS AND DIRECTORS**

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
PD  
OVIEDO, MANUEL  
10025 NW 46TH ST # 105  
MIAMI FL 33178

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
SD  
OVIEDO, LUZ  
3900 NW 79 TH AVE # 324  
MIAMI FL 33166

TITLE  
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CITY-ST-ZIP

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CITY-ST-ZIP

**DO NOT WRITE  
IN THIS SPACE**

12. 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 10 or on an attachment with an address, with all other like empowered.

SIGNATURE:

MANUEL OVIEDO

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

05-06-03 (305)599-2117

Date

Daytime Phone #

CR2E034B (12/02)