

FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)

FILED
Sep 16, 2002 8:00 am
Secretary of State

09-16-2002 90107 027 ***150.00

DOCUMENT # P99000012790

1. Entity Name

GOOD MASTER'S CLEANING SERVICES, INC.

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business
8180 NW 36 ST

3. Mailing Address
8180 NW 36 ST

Suite, Apt. #, etc.
SUITE 204

Suite, Apt. #, etc.
SUITE 204

City & State
MIAMI, FL

City & State
MIAMI, FL

Zip
33166

Country
MIAMI-DADE

Zip
33166

Country
MIAMI-DADE

4. FEI Number
65-0897350

Applied For
Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

7. Name and Address of Current Registered Agent

Name
MOISES VARGAS, GUSTAVO

Street Address (P.O. Box Number is Not Acceptable)
15221 SW 80 ST APT 114

City
MIAMI

FL

Zip Code
33193

DO NOT WRITE
IN THIS SPACE

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

GUSTAVO MOSES VARGAS

09/11/02

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)

January 1 - May 1 Fee is \$150.00
After May 1, Fee is \$650.00
Amended UBR is \$81.25
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

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
D
MOISES VARGAS, GUSTAVO
15221 SW 80 ST APT 114
MIAMI, FL 33193

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

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CITY - ST - ZIP

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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)(f), 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 on an attachment with an address, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

09/11/02 305-477-5758

Date

Daytime Phone #