

**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. (R)

**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

**4. FEI Number**  
65-0897350

Applied For  
Not Applicable

Zip  
33166

Country  
MIAMI-DADE

Zip  
33166

Country  
MIAMI-DADE

**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 MOISES VARGAS

09/11/02  
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)

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	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	

TITLE NAME STREET ADDRESS CITY - ST - ZIP	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	

**DO NOT WRITE  
IN THIS SPACE**

**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 #