FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

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

DOCUMENT # P99000012790 1. Entity Name 09-16-2002 90107	
THE TAX CENTER OF THE TAX CENT	027 ***150.00
GOOD MASTER'S CLEANING SERVICES, INC.	4. T
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DO NOT WRITE IN THIS SPACE	
2. Principal Place of Business 3. Mailing Address 8180 NW 36 ST 8180 NW 36 ST	
Suite Apt. #, etc. DO NOT WRITE IN THIS SPAC	CE
SUITE 204 SUITE 204 City & State 4. FEI Number	Applied For
MIAMI, FL 65-089/350	Not Applicable 75 Additional
Zip Country Zip Country 331.66 MIAMI - DADE 5. Certificate of Status Desired Fee	Required
7. Name and Address of Current Registered A	gent
MOISES_VARGAS, GUSTAVO	<u> </u>
DO NOT WRITE Street Address (P.O. Box Number is Not Acceptable) 15221 SW 80 ST APT 114	
, IN THIS SPACE	
City MIAMI	Zip Code 33193
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.	
	09/11/02
SIGNATURE Signature; typed of printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)	DATE
January 1 - May 1 Fee 15 \$150.00	\$5 00 May Bo
9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. Americal URR is \$51,50	\$5.00 May Be Added to Fees
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 \$550.00 After May 1: Fee is \$50.00 Amended USR is \$61.25 Make Check Payable to Department of State	Added to Fees
9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. (See criteria on back) OFFICERS AND DIRECTORS January 1 - May 1 Fee is \$550.00 After May 1 - Fee is \$550.00 After May 1 - Fee is \$550.00 Trust Fund Contribution.	Added to Fees
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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, Fluidies 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 AND THEO OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

SIGNATURE:

09/11/02 305-477-5758

Date

Daytime Phone #