

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # ~~P~~99000021621

1. Entity Name

MR. CLEAN AUTO DETAILING, INC.

FILED

Mar 21, 2000 8:00 am
Secretary of State

03-21-2000 90080 021 ***150.00

Principal Place of Business

Mailing Address

~~1799 N. STATE RD. 7~~
~~MARGATE FL 33063~~

~~1799 N. STATE RD. 7~~
~~MARGATE FL 33063~~

2. Principal Place of Business

22783 S. SROAD 7

3. Mailing Address

22783 S. ST RD 7

Suite, Apt. #, etc.

PMB #95

Suite, Apt. #, etc.

PMB #95

City & State

Boca Raton, Fla

City & State

Boca Raton, Fla

4. FEI Number

65-0919060

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

CILIENTO, GUILLERMO
~~1799 N. STATE RD. 7~~
~~MARGATE FL 33063~~

7. Name and Address of New Registered Agent

Name

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

22783 S. SROAD 7 PMB #95

City

Boca Raton

FL

Zip Code

33428

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

(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 \$150.00
After MAY 1, 2000 Fee will be \$550.00
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

TITLE PD
NAME CILIENTO, GUILLERMO
STREET ADDRESS 1799 N. STATE RD. 7
CITY-ST-ZIP MARGATE FL 33063 ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

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STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE
NAME 22783 S. SROAD 7 PMB #95 ☒ Change ☐ Addition
STREET ADDRESS
CITY-ST-ZIP Boca Raton, Florida 33428

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

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

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

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

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

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:

(Signature) AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (9/99)