


04-25-2003 90282 040 ***150.00

FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # 1. Entity Name	P99000027289	
TOTAL CLEANING CO.		

DO NOT WRITE IN THIS SPACE



2. Principal Place of Business 3500 BOCA RATON BLVD Suite, Apt. #, etc.	3. Mailing Address 3500 BOCA RATON BLVD Suite, Apt. #, etc.
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DO NOT WRITE IN THIS SPACE

City & State BOCA RATON, FL	City & State BOCA RATON, FL	4. FEI Number 65-0909518	Applied For <input type="checkbox"/> Not Applicable
Zip 33431	Country	Zip 33431	Country

5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
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7. Name and Address of Current Registered Agent	
Name	MARI, NESTOR O.
Street Address (P.O. Box Number is Not Acceptable)	16701 CORDOVA CT.
City	DELRAY BEACH, FL
Zip Code	33484

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 _____ (NOTE: Registered Agent signature required when reinstating) 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

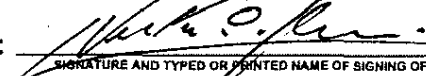
9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>	\$5.00 May Be Added to Fees
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10. OFFICERS AND DIRECTORS

TITLE	D	TITLE	
NAME	MARI, NESTOR O	NAME	
STREET ADDRESS	16701 CORDOVA CT.	STREET ADDRESS	
CITY-ST-ZIP	DELRAY BEACH FL 33484	CITY-ST-ZIP	
TITLE	D	TITLE	
NAME	MARI, MARIA E	NAME	
STREET ADDRESS	16701 CORDOVA CT.	STREET ADDRESS	
CITY-ST-ZIP	DELRAY BEACH FL 33484	CITY-ST-ZIP	
TITLE		TITLE	
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE		TITLE	
NAME		NAME	
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CITY-ST-ZIP		CITY-ST-ZIP	
TITLE		TITLE	
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		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)(j), 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:  04/12/03
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034B (12/02)