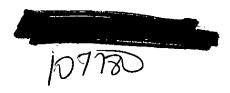
DOCUMENT # P99000028657 Aug 22, 2000 8:00 am Secretary of State 1. Entity Name SUPERIOR QUALITY CLEANING, INC. 07-21-2000 90162 037 ***150.00 Principal Place of Business Mailing Address 8230 NW SOUTH DRIVE 8230 NW SOUTH DRIVE MEDLEY FL 33166-7420 MEDLEY FL 33166-7420 2. Principal Place of Business 3. Mailing Address 9050 NW 190m 190 TH STREET 9050 NW Suite, Apt. #, etc. Suite, Apt. #, etc. 0906398 Applied For City & State City & State HALLEAH Not Applicable Country \$8.75 Additional 5. Certificate of Status Desired Fee Required -- 7. Name and Address of New Registered Agent Name and Address of Current Registered Agent ~ Name ZAYDEE: CAPO FINANCIAL FOUNDATIONS, INC. Street Address (P.O. Box Number is Not 9050 NW 190 ST 2843 THAXTON DRIVE #37 PALM HARBOR FL 34684 City HIALEAH 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. (NOTE: Registered Agent signature required when reinstating) sered ecent and title if applicable FILE NOW!!! FEE IS \$550.00 9. This corporation is eligible to satisfy its Intangible \$5.00 May Be 10. Election Campaign Financing After SEPTEMBER 13, 2000 Min. will be \$750.00 Tax filing requirement and elects to do so. Trust Fund Contribution. Added to Fees (See criteria on back) Make Check Payable to Department of State ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 OFFICERS AND DIRECTORS 11. 12. OWNED. OWNER President Change TITLE PRESIDENT Delete TITLE NAME NAME ZAYPEE ZAUDEÈ MIN OSOP STREET ADDRESS STREET ADDRESS CITY-ST-ZU HIALISAH CITY-ST-719 ☐ Change ☐ Addition ☐ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change ☐ Addition Delete NAME. NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Dalete ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change ☐ Addition ☐ Defete TITLE TITI F NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete TITLE Change Addition TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-79P CITY-ST-ZIP 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.

2000 UNIFORM BUSINESS REPORT (UBR)

7/



July 13, 2000

Division of Corporations Uniform Business Report Filings P.O. Box 1500 Tallahassee, FL 32302-1500

RE: Superior Quality Cleaning, Inc

To Whom It May Concern:

Enclosed find my 2000 Uniform Business Report along with the required \$150.00 filling fee. On July 13, 2000 I contacted your office for assistance and spoke with Shawn. I explained to him that I never received any prior notice and due to this being my first year in business I was not aware that I had to file on a yearly basis. As per our agreement, let this letter serve as a formal request for the waiver of the \$400.00 late charge.

Thank you, in advance for your assistance in this matter.

Sincerely,

Zaydee Capo