FOR PROFIT CORPORATION

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 02, 2002 8:00 am
Secretary of State
04-02-2002 90146 022 ***150.00

DOCUMENT # P99000033792

1. Entity Name

GINO'S PRESSURE CLEANING, INC.

B99057279

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business	3. Mailing Address
4101 NW 11 Avenue	4101 NW 11 Avenue
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State: Ft. Lauderdale, FL	City & State: Ft. Lauderdale, FL
Zip: 33309 Country: USA	Zip: 33309 Country: USA

4. FEI Number: 65-0905843 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required

DO NOT WRITE IN THIS SPACE

7. Name and Address of Current Registered Agent

Name: Ahmad Agharaad

Street Address (P.O. Box Number is Not Acceptable): 4101 NW 11 Avenue

City: Ft. Lauderdale, FL Zip Code: 33309

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: Ahmad Agharaad
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) ☐

January 1 - May 1 Fee is $150.00
After May 1, Fee is $550.00
Amended UBR is $61.25
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	P
NAME	Agharaad, Ahmad
STREET ADDRESS	4101 NW 11 Avenue
CITY-ST-ZIP	Ft. Lauderdale, FL. 33309
TITLE	
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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)(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 on an attachment with an address, with all other like empowered.

SIGNATURE: Ahmad Agharaad (954) 351-9944
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

Ahmad Agharaad, President