2600 UNIFORM BUSINESS REPORT (UBR)

SIGNATURE:

DOCUMENT # P99000045926 **FILED** 1. Entity Name SUMMER'S CLEANING SERVICE, INC. Jul 26 2000 8:00 am Secretary of State Principal Place of Business Mailing Address 2320 SUNRISE DR. 2320 SUNRISE DR. W. PALM BCH FL 33415 W. PALM BCH FL 33415 2. Principal Place of Business 3. Mailing Address 2320 Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE City & State Flore State Applied For 15-0920756 Not Applicable Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent Name AGUILAR, RICHARD Street Address (P.O. Box Number is Not Acceptable) 2320 SUNRISE DR. W. PALM BCH FL 33415 Zip Code 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 red agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) FILE NOW!!! FEE IS \$550.00 9. This corporation is eligible to satisfy its Intangible \$5.00 May Be 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 OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 11. 12. 800003361**789-84****** -08/18/00--01020--023 CR2E034 (5/00) TITLE ☐ Delete TITLE AGUILAR, RICHARD NAME NAME STREET ADDRESS 2320 SUNRISE DR. ****150,00 ****150.00 STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP W. PALM BCH FL 33415 ☐ Addition TITLE ☐ Delete TITLE ☐ Change NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-7IP CITY-ST-ZIP ☐ Addition ☐ Change TITLE Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Addition TITLE ☐ Delete TITLE Change NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change ☐ Addition TITLE Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS C/TY-ST-ZIP CITY-ST-ZIP 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 is changed, or on an attachment with ap address, with all other like empowered.

July 24, 2000

TO: DEPARTMENT OF STATE

FROM: RICHARD AGUILAR

RE: LATE FILING OF RENEWAL CORPORATION

THIS LETTER IS TO INFORM YOU THAT I WAS IN A BIG ACCIDENT ON I 95 EXPRESSWAY THIS YEAR. I WAS AT THE HOSPITAL FOR MORE THAN 30 DAYS AND NOT IN GOOD CONDITIONS. I DON'T REMEMBER THE FIRST NOTICE AND MY ACCOUNTANT DIDN'T HAVE ONE EITHER SO I MUST HAVE LOST IT OR NOT RECEIVED. ENCLOSE PLEASE FINE MY RENEWAL WITH A CHECK OF 150.00 AND HOPE FOR YOUR COOPERATION IN THIS MATTER.

THANK YOU

kelul V Agusts.