

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P99000047453

1. Entity Name

CLEAN MASTERS EXPRESS, INC.

FILED

May 16, 2000 8:00 am  
Secretary of State

05-16-2000 90154 022 \*\*\*150.00

Principal Place of Business Mailing Address  
100 N. BISCAYNE BLVD., 21ST FLOOR 100 N. BISCAYNE BLVD., 21ST FLOOR  
MIAMI FL 33132 MIAMI FL 33132-2304

2. Principal Place of Business 3. Mailing Address  
6931 SW 84 Avenue 6931 SW 84 Avenue  
Suite, Apt. #, etc. Suite, Apt. #, etc.

City & State City & State  
Miami, FL Miami, FL  
Zip Country Zip Country  
33143 USA 33143 USA

4. FEI Number Applied For  
65-0929525 Not Applicable  
5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

WOODBIDGE, FREDERICK JR.  
100 N. BISCAYNE BLVD., 21ST FLOOR  
MIAMI FL 33132

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

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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE NAME STREET ADDRESS CITY-ST-ZIP	D BARCENAS, MARLY 6931 SW 84 AVE MIAMI FL 33143	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> 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: Marly Barcenal  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-25-00 (305) 992-8170  
Date Daytime Phone #

CR2E034 (9/99)