

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # **P99000047453**

1. Entity Name
Clean Masters Express, Inc.

Principal Place of Business
**6931 SW 84 Avenue
Miami, FL 33143**

Mailing Address
**6931 SW 84 Avenue
Miami, FL 33143**

2. Principal Place of Business
Suite, Apt. #, etc.
City & State
Zip Country

3. Mailing Address
Suite, Apt. #, etc.
City & State
Zip Country

AMENDED - FILED
#61.25
00 JUL 24 PM 2:32
**SECRETARY OF STATE
TALLAHASSEE, FLORIDA**

DO NOT WRITE IN THIS SPACE
KRG 7/24

4. FEI Number
65-0929525

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
Name **MARLY BARCEVAS**
Street Address (P.O. Box Number is Not Acceptable)
6931 SW 84 Avenue
City **Miami** FL **33143**

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 **Marly Barcevas** DATE **7/13/00**
(NOTE: Registered Agent signature required when reinstating)

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	
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President/Director
Alexandro Barcevas
6931 SW 84 Avenue
Miami, FL 33143

Secretary
MARLY BARCEVAS
6931 SW 84 Avenue
Miami, FL 33143

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*******61.25 *****61.25**

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 or changed, or on an attachment with an address, with all other like empowered

SIGNATURE: **Alexandro Barcevas** DATE: **7/13/00** PHONE: **3059848170**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR