2002 UNIFORM BUSINESS REPORT (UBR)

FILED May 22, 2002 8:00 am Secretary of State P99000047453 DOCUMENT # 1. Entity Name 05-22-2002 90118 001 ***158.75 CLEAN MASTERS EXPRESS, INC. Principal Place of Business Mailing Address 6931 SW 84TH AVE 6931 SW 84TH AVE **MIAMI FL 33143** MIAMI FL 33143 Principal Place of Business Suite, Apt. #, etc Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE City & State City & State 4. FEI Number Applied For 65-0929525 MAN niam Not Applicable \$8.75 Additional Country 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent BARCENAS, MARLY 6931, SW 84TH AVE MIAMI FL 33143 City 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 FILE NOW!!! FEE IS \$150.00 10. Election Campaign Financing \$5.00 May Be Tax filing requirement and elects to do so. After May 1, 2002 Fee will be \$550.00 Trust Fund Contribution. Added to Fees (See criteria on back) Make Check Payable to Department of State 11. OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 12. ☐ Delete TITI F BARCENAS, Alejandro Change ☐ Addition BARCENAS, ALEJANDRO NAME 945 SW74 COURT 6931 SW 84 AVE STREET ADDRESS STREET ADDRESS C!TY-ST-ZIP **MIAMI FL 33143** CITY-ST-7IP TITLE ☐ Delete TITLE Change ☐ Addition NAME BARCENAS, MARLY NAME STREET ADDRESS 6931 SW 84 AVE STREET ADDRESS CITY-ST-ZIP **MIAMI FL 33143** CITY-ST-7/P TITLE ☐ Delete TITLE ☐ Change ☐ Addition 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-ZIF CITY-ST-ZIP TITLE Delete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Delete TITLE ☐ Change ☐ Addition NAME NAME

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

STREET ADDRESS

CITY-ST-ZIP

SIGNATURE: (

STREET ADDRESS

CITY-ST-ZIP

CR2E034 (9/01)