2000 UNIFORM BUSINESS REPORT (UBR)

FILED DOCUMENT # **P99000049032** May 18, 2000 8:00 am CLEANET CLEANING SERVICES INC. Secretary of State 05-18-2000 90292 027 ***150.00 Principal Place of Business Mailing Address 16630 SW 140 AVE. 16630 SW 140 AVE. MIAMI FL 33177-2092 MIAM! FL 33177 2. Principal Place of Business 3. Mailing Address DO NOT WRITE IN THIS SPACE Suite, Apt. #, etc. Suite, Apt. #, etc. Applied For 4. FEI Number City & State City & State Not Applicable Country Country \$8,75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name LOZADA, ISMAEL JR. Street Address (P.O. Box Number is Not Acceptable) 16630 SW 140 AVE. MIAMI FL 33177 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. d when reinstating) FILE NOW!!! FEE IS \$150.00 9. This corporation is eligible to satisfy its Intangible 10. Election Campaign Financing \$5.00 May Be Tax filing requirement and elects to do so. After MAY 1, 2000 Fee will be \$550.00 Trust Fund Contribution. Added to Fees (See criteria on back) Make Check Payable to Department of State ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 OFFICERS AND DIRECTORS 12. MARIA T. LOZADA/Arsant Delete TITLE ☐ Change ☐ Addition TITLE 16630 SW 140 AV NAME NAME STREET ADDRESS STREET ADDRESS MIAM: FL. 33177 CITY-ST-ZIP CITY-ST-ZIP Vice president ☐ Change Addition Delete TITLE TITLE Ismael Lozada SR. NAME NAME 16630 SW 140 AV. STREET ADDRESS STREET ADDRESS WIA - FL. 33177 CITY-ST-ZIP CITY-ST-ZIP Secretary Ismacl Lozada Ja ☐ Change Addition ☐ Delete TITLE NAME NAME 16630 SU 148 AU. STREET ADDRESS STREET ADDRESS MIAWI, FL. 33177 CITY-ST-ZIP CITY-ST-ZIP ☐ Addition ☐ Change ☐ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete TITLE ☐ Change Addition TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-7IP Change ☐ Addition TITLE ☐ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-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 if changed, or on an attachment with an address, with all other like empowered. SIGNATURE: Daytime Phone