## 2001 UNIFORM BUSINESS REPORT (UBR) FILED May 02, 2001 8:00 am Secretary of State DOCUMENT # P9900058903 1. Entity Name ALPHA CLEANING MAINTENANCE SERVICES, INC. 05-02-2001 90215 012 \*\*\*150.00 Mailing Address SAME Principal Place of Business 9370 S.W. 8TH STREET #219 9999 SW 8TH STREET #210 BOCA-RATON-FL-33428 BOOK-RATON: 51-22428 20513 CAROUSEL CIRCLE WEST BOCA RATON FL 33434 2. Principal Place of Business 3. Mailing Address CAROUSE WES1 Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE Applied For City & State 4. FEI Number 65-0932407 Not Applicable 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 RIBEIRO, EDSON Marcia and Edson Ribeiro! Street Address (P.O. Box Number is Not Acceptable) =9370-S:W: STH-STREET (#219) 20513 Carousel Circle W. Boca Raton, FL 33434 Zip Code City FL 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** DATE Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required 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 After MAY 1, 2001 Fee will be \$550.00 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 ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 11. OFFICERS AND DIRECTORS ☐ Change Addition D □ Delete TITLE TITLE Marcia and Edson Ribeiro NAME RIBEIRO, EDSON 20513 Carousel Circle STREET ADDRESS STREET ADDRESS 9370 S.W. 6711 STREET #219 CITY-ST-ZIP CITY-ST-ZIP Boca Raton, FL 3343 BOCA RATON FL 33428 ☐ Addition Delete Change Change TITLE Marcia and Edson Ribeiros NAME RIBEIRO, MARCIA STREET ADDRESS 20513 Carousel Circle TREET ADDRESS <del>0370=S###</del>8TH-STREET CITY-ST-ZIP-CITY ST-ZIP Boca Raton, FL 33434 BOCK-BATON PL 3342 Change ☐ Addition ☐ Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-7IP CITY-ST-7IP ☐ Addition Change TIT) F ☐ Delete 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 ☐ Detete ☐ Change Addition TITLE 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 fualify 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 the end 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 trustife 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 wered.

SIGNATURE:

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MANUE OF SIGNING OFFICER OR DIRECTOR