2000 UNIFORM BUSINESS REPORT (UBR)

\mathtt{FILED} DOCUMENT # **P99000065454** May 08, 2000 8:00 am Secretary of State CLEANING 21 SERVICES, CORPORATION 05-08-2000 90152 003 ***158.75 Mailing Address Principal Place of Business 10382 S.W. 212TH STREET 10382 S.W. 212TH STREET **APT 103** MIAMI FL 33189-3080 MIAMI FL 33189 2. Principal Place of Business 3. Mailing Address DO NOT WRITE IN THIS SPACE Suite, Apt. #, etc. Suite, Apt. #, etc. City & State City & State 4. FEI_Number Applied For 65=*0*937389 Not Applicable. Zip Country Zip Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent Name ANDREA; ALI F Street Address (P.O. Box Number is Not Acceptable) 10382 S.W. 212TH STREET APT 103 ... MIAMI FL 33189 Zip Code 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 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, 2000 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 OFFICERS AND DIRECTORS 11. Change Addition PD Delete TITLE TITLE ANDREA. ALI F NAME STREET ADDRESS STREET ADDRESS 7815 N KENDALL DR APT E-320 CITY-ST-ZIP CITY-ST-ZIP MIAMI FL 33158 ☐ Change ☐ Addition SD Delete TITLE TITLE Torres. Maria V NAME STREET ADDRESS STREET ADDRESS 10382 S.W. 21STH ST APT 103 CITY-ST-ZIP CITY-ST-ZIP **MIAMI FL 33189** 31P/5/T/D. Change Addition ☐ Delete TITLE Torres. Carolina NAME STREET ADDRESS STREET ADDRESS 10382 S.W. 21STH ST APT 103 CITY-ST-ZIP CITY-ST-ZIP MIAMI FL 33189 Delete Change Addition TITLE DOMINQUEZ, EVA P NAME NAME STREET ADDRESS 7815 N KENDALL DR APT 3-320 STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP **MIAMI FL 33156** Change ☐ Delete TITLE Addition TITLE NAME NAME 10382 DU 212 th ST # 103 STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Change Addition TITLE ... Delete NAME NAME STREET ADDRESS STREET ADDRESS

13. I hereby certify that the information supplied with this filling 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.

CITY-ST-7IP

SIGNATURE

CITY-ST-ZIP

Cam for TEQUIRED

DIRECTOR

(305) - 971-7365

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Daytime Phone