2000 UNIFORM BUSINESS REPORT (UBR)

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with all other like empowered.

PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

FILED DOCUMENT # P99000087180 May 17, 2000 8:00 am Secretary of State ASTRO CLEANING LIGHTS, INC. 05-17-2000 90916 049 ***150.00 Principal Place of Business Mailing Address 5875 W. FLAGLER: ST.= STE= 205 -- 5875 W. FLAGLER: ST.= STE- 205 ---MIAMI FL 33144-3358 MIAMI FL 33144 2. Principal Place of Business 3. Mailing Address 151 SW 53 CT Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE City & State City & State 4. FEI Number Applied For 65-0970312 MIRMI Not Applicable Zip Country Country Zip \$8.75 Additional 5. Certificate of Status Desired 33134 Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent LOPEY EDGARDO LOPEZ, EDGARDO Street Address (P.O. Box Number is Not Acceptable) 5875 W. FLAGLER ST., STE. 205 **MIAMI FL 33144** 151 SW 53 CT City Zip Code MIAMI, FL 35/34 8. The above namedyentity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida SIGNATURE ed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) 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, 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 11. 12. 29 PD Delete ☐ Addition TITLE LOPEZ, EDGARDO NAME NAME LOPEZ EDGARDO 5875 W. FLAGLER ST., STE. 205 STREET ADDRESS STREET ADDRESS 1515W. 530T CITY-ST-ZIP CITY-ST-ZIE MIAMI FL 33144 HIAMI FL 33134 ☐ Change ☐ Delete TITLE ☐ Addition 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-ZIP TITLE Delete ☐ Change Addition NAME NAME STHEET ADDRESS STREET ADDRESS CITY-ST-ZIP T. ST-ZIP Change ☐ Addition ☐ Delete TITLE HILL NAME ADDRESS STREET ADDRESS ST-21P CITY-ST-ZIP Delete TITLE Change Addition NAME -_: tppp:d3 STREET ADDRESS ST-7IP CITY-ST-ZIP 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 an open powered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 11 or Block 12 if