2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Jun 21, 2001 8:00 am
Secretary of State
06-21-2001 90004 038 ***150.00

DOCUMENT # P99000087180

1. Entity Name
ASTRO CLEANING LIGHTS, INC.

Principal Place of Business	Mailing Address
5875 W. FLAGLER ST STE 205	151 SW 53 CT
MIAMI, FL 33144	MIAMI, FL 33134

[redacted]

2. Principal Place of Business	3. Mailing Address
6701 SW 2nd ST	6701 SW 2nd ST
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State: MIAMI FL	City & State: MIAMI FL
Zip: 33144 Country	Zip: 33144 Country

DO NOT WRITE IN THIS SPACE

4. FEI Number: 65-0970312 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ $8.75 Additional Fee Required

6. Name and Address of Current Registered Agent
LOPEZ, EDGARDO
151 SW 53 CT
MIAMI, FL 33134

7. Name and Address of New Registered Agent
Name: LOPEZ, EDGARDO
Street Address (P.O. Box Number Is Not Acceptable): 6701 SW 2nd. ST
City: MIAMI FL Zip Code: 33144

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 ______ 04/25/01
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 Tax filing requirement and elects to do so. (See criteria on back) ☐

FILE NOW!!! FEE IS $150.00
After MAY 1, 2001, Fee will be $550.00
Make Check Payable to Department of State

10. Election Campaign Financing Trust Fund Contribution ☐ $5.00 May Be Added to Fees

11. OFFICERS AND DIRECTORS		12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE: PD ☐ Delete		TITLE: PD ☒ Change ☐ Addition	
NAME: LOPEZ, EDGARDO		NAME: LOPEZ, EDGARDO	
STREET ADDRESS: 151 SW. 53 CT		STREET ADDRESS: 6701 SW. 2nd. ST	
CITY-ST-ZIP: MIAMI, FL 33134		CITY-ST-ZIP: MIAMI, FL 33144	
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-ZIP		CITY-ST-ZIP	
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CITY-ST-ZIP		CITY-ST-ZIP	
TITLE ☐ Delete		TITLE ☐ Change ☐ Addition	
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: ______ 04/25/01 (305) 269-3538
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

DOCUMENT #