FILED
Apr 21, 2002 8:00 am
Secretary of State

04-21-2002 90912 021 ***150.00

831629

FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P99000091161

1. Entity Name
MCC CLEANING SERVICES CORP.

2002

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business	3. Mailing Address
~~3075 NE 190 STREET~~	~~SAME~~
Suite, Apt. #, etc: SUITE 304	Suite, Apt. #, etc: SAME
City & State: AVENTURA, FL.	City & State: SAME
Zip: 33180 Country:	Zip: Country:

DO NOT WRITE IN THIS SPACE

4. FEI Number: 65-0954836 ☐ Applied For ☐ Not Applicable

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

DO NOT WRITE IN THIS SPACE

7. Name and Address of Current Registered Agent

Name: MARIA CLEMENCIA CORTES

Street Address (P.O. Box Number is Not Acceptable): 3075 NE 190 STREET #304

City: AVENTURA, FL Zip Code: 33180

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 ______________________
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) ☐

January 1 - May 1 Fee is $150.00
After May 1, Fee is $550.00
Amended UBR is $61.25
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

TITLE	PD	TITLE	
NAME	MARIA CLEMENCIA CORTES	NAME	
STREET ADDRESS	3075 NE 190 ST., #304	STREET ADDRESS	
CITY-ST-ZIP	~~AVENTURA, FLORIDA, 33180~~	CITY-ST-ZIP	
TITLE		TITLE	
NAME		NAME	
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CITY-ST-ZIP		CITY-ST-ZIP	

CR2E034B (12/01)

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 on an attachment with an address, with all other like empowered.

SIGNATURE: M. Cortes / MARIA CORTES | 3/8/02 3057059959
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #