2000 UNIFORM BUSINESS REPORT (UBR) FILED DOCUMENT # P99000094670 May 31, 2000 8:00 am Secretary of State NINA'S JANITORIAL SERVICES, INC. 05-31-2000 90007 027 ***150.00 Mailing Address Principal Place of Business 13531 TEXAS WOODS CIRCLE 13531 TEXAS WOODS CIRCLE ORLANDO FL 32824-9434 ORLANDO FL 32824 UUUUUV~~airway Island DO NOT WRITE IN THIS SPACE Suite, Apt. #, etc. 4. FEI Number 59-360370 0 Applied For City & State Not Applicable 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 OS R FNINA NINA, JOSE F Street Address (P.O. Box Number is Not Acceptable) 13531 TEXAS WOODS CIRCLE ORLANDO FL 32824 8. The above named entity submits his statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida SIGNATURE 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. Make Check Payable to Department of State (See criteria on back) ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 11. OFFICERS AND DIRECTORS PORS FORWT | Change CVICE PD TITLE TITLE ☐ Delete NICOA PATINO 13803 FAFRWAY ISLAND DO 1621 NINA, JOSE F NAME NAME STREET ADDRESS STREET ADDRESS 13531 TEXAS WOODS CIRCLE CITY-ST-ZIP ORLANDO, FL 32837 CITY-ST-ZIP ORLANDO FL 32824 PRESIDENT Delete TITLE JOSE FNEWH RUIZ, ROLAND NAME FATRWAY ISLAND DR /62) 13531 TEXAS WOODS CIRCLE STREET ADDRESS STREET ADDRESS CiTY-ST-7IP CITY-ST-ZIP ORLANDO FL 32824 ☐ Change ☐ Addition TITLE TITLE ☐ Delete NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Addition Change TITLE TITLE ☐ Delete NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change ☐ Addition TITLE ☐ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-7IP 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.

Date

JRE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

SIGNATURE: