2000 UNIFORM BUSINESS REPORT (UBR)

FILED
Jul 12, 2000 8:00 am
Secretary of State
05-15-2000 90149 030 ***150.00

DOCUMENT # P99000105752

1. Entity Name
CEDANO CLEANING SERVICE, INC.

(R)

Principal Place of Business	Mailing Address
1650 W. 56TH STREET, #118 FL 33012	1650 W. 56TH STREET, #118 HIALEAH FL 33012

[redacted]

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business	3. Mailing Address
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State	City & State
Zip / Country	Zip / Country

4. FEI Number 65-0966617 — ☐ Applied For ☐ Not Applicable

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

6. Name and Address of Current Registered Agent	7. Name and Address of New Registered Agent
CEDANO, MANUEL 1650 W. 56TH STREET, #118 HIALEAH FL 33012	Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code

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)	FILE NOW!!! FEE IS $150.00 After MAY 1, 2000 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: PTD NAME: CEDANO, MANUEL STREET ADDRESS: 1650 W. 56TH STREET, #118 CITY-ST-ZIP: HIALEAH FL 33012	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP ☐ Change ☐ Addition
TITLE: VSD NAME: CEDANO, CLARA E STREET ADDRESS: 1650 W. 56TH STREET, #118 CITY-ST-ZIP: HIALEAH FL 33012	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP ☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP ☐ Change ☐ Addition
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CR2E034 (9/99)

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: MANUEL CEDANO 04-27-2000 305-965-2005
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

Doc# P990000105752

106747

OAD THIS DIRECTION, THIS SIDE UP →

NOW 75¢ A MIN TO CALL CUBA
THRU 6/30/00. DIAL 10-10-345. 10 CENT FEE PER CALL

AGT 330928 DT 042700 $150.00 **ONEHUNDREDFIFTYDOLLARS AND NO CENTS

Department of State

Payable to
Retain this purchaser's copy. It must be included with all refund requests. Be sure to read important information below and on back.
PURCHASE AGREEMENT: You the purchaser agree that Integrated Payment Systems Inc need not stop payment on or replace or refund a lost or stolen Integrated Payment Systems Inc Money Order unless (1) you fill in the APPLICABLE INFORMATION ON THE ORDER and (2) you report the loss or theft to Integrated Payment Systems Inc in writing immediately
Issued by Integrated Payment Systems Inc., Englewood Colorado

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FE1 65-0966017

THIS OCOUNT IS PAIT.
04-27-2000.