2001, UNIFORM BUSINESS REPORT (UBR)

FILED May 03, 2001 8:00 am DOCUMENT # S31447 Secretary of State 1. Entity Name APEX PROFESSIONAL CARPET & UPHOLSTERY CLEANING S 05-03-2001 90928 004 ***150.00 Principal Place of Business Mailing Address 2611 N HIATUS RD 2611 N HIATUS RD STE 108 **STE 108** COOPER CITY FL 33026 COOPER CITY FL 33026 2. Principal Place of Business 3. Mailing Address HW6 Suite, Apt. #, etc Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE # 201 City & State City & State 4. FEI Number Applied For 59-3053638 SUNRISE Not Applicable Zip _Country \$8.75. Additional 5. Certificate of Status Desired U.S.A. Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name BAUTISTA, HENRY A. Street Address (P.O. Box Number is Not Acceptable) 20761 N.E. 4TH PLACE, #206 NORTH MIAMI FL 33179 Zip Code City FL 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 FILE NOW!!! FEE IS \$150.00 9. This corporation is eligible to satisfy its Intangible 10. Election Campaign Financing \$5.00 May Be Tax filing requirement and elects to do so. After MAY 1, 2001 Fee will be \$550.00 Trust Fund Contribution. Added to Fees (See criteria on back) Make Check Payable to Department of State 11. OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 CR2E034 (10/00) ☐ Addition **CPD** ☐ Delete TITLE TITLE ista, Henry NAME NAME BAUTISTA, HENRY A. STREET ADDRESS STREET ADDRESS 2611 N HIATUS RD #108 CITY-ST-ZIP CITY-ST-ZIP COOPER CITY FL 33026 TITLE ☐ Delete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE Change ☐ Addition NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-7IP ☐ Change TITLE ☐ Delete TITLE 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-7IP CITY-ST-ZIP qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information and that my signature shall have the same legal effect as if made under oath; that I am an officer or director his report as required by Chapter 607, Florida Statutes; and that my name appears in Block 11 or Block 12 if 13. I hereby certify that the information supplied with this filing does not a indicated on this report or supplemental report of true and acquirate a s not qualif indicated on this report or supplemental report of the corporation or the receiver or trusted entry owered to ex changed, or on an attachment with antade with all other

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OFFICER OR DIRECTO

SIGNATURE:

SIGNATURE AND DARED OF