

2006 UNIFORM BUSINESS REPORT (UBR)

FILED
Jun 09, 2006 8:00 am
Secretary of State

05-01-2006 90385 042 ***150.00

DOCUMENT # <i>V 72970</i>	
1. Entity Name 65-0373818 SUN-BRITE WINDOW CLEANING & PRESSURE CLEANING, INC. 7998 S.W. 144th Street Miami, Florida 33158	
Principal Place of Business 65-0373818 SUN-BRITE WINDOW CLEANING & PRESSURE CLEANING, INC. 7998 S.W. 144th Street Miami, Florida 33158	Mailing Address Martin A. Drutz, Accountant 8966 S.W. 87 Ct., Suite 12-A Miami, FL 33176
2. Principal Place of Business	3. Mailing Address
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State	City & State
Zip	Country

66018320
 DO NOT WRITE IN THIS SPACE

4. FEI Number <i>65 0373818</i>		Applied For ☐ Not Applicable
5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required		
6. Name and Address of Current Registered Agent Martin A. Drutz, Accountant 8966 S.W. 87 Ct., Suite 12-A Miami, FL 33176		
7. Name and Address of New Registered Agent 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 _____ DATE _____ Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when re-registering)		

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
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11. OFFICERS AND DIRECTORS		12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-STATE-ZIP	<i>Salim Cohen</i> <i>As Pres</i> ☐ Delete	TITLE NAME STREET ADDRESS CITY-STATE-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-STATE-ZIP	<i>5621 Judd</i> <i>KATHY Cohen</i> <i>(As Pres)</i> ☐ Delete	TITLE NAME STREET ADDRESS CITY-STATE-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-STATE-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-STATE-ZIP	☐ Change ☐ Addition
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TITLE NAME STREET ADDRESS CITY-STATE-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-STATE-ZIP	☐ Change ☐ Addition

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 *Salim Cohen* **DATE** *MAY 24 2006* **TELEPHONE** *305-252-2603*

CR2E034 (9/99)