

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # 299580

1. Entity Name

SANI KLEEN CHEMICALS, INC.

8900

**FILED**  
**Apr 07, 2000 8:00 am**  
**Secretary of State**

04-07-2000 90006 025 \*\*\*150.00

Principal Place of Business

Mailing Address

2990 NW 73RD ST  
MIAMI FL 33147

2990 NW 73RD ST  
MIAMI FL 33147-5945

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 59-1110403

Applied For

Not Applicable

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

DO NOT WRITE IN THIS SPACE



6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

MATHEWS,BILL  
2990 N.W. 73RD ST.  
MIAMI FL 33147

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) **#1** ☒

**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	NAME	STREET ADDRESS	CITY-ST-ZIP	TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP
	D	MATHEWS,BILL	1280 MATHEWS ST NAPLES FL 34117				
	D	MATHEWS,CATHERINE	1280 MATHEWS ST NAPLES FL 34117				
	P	DOMBROWSKY, ROBERT	2421 SW 87TH AVE MIRAMAR FL 33025		P	MATHEWS, STEVE	19343 SW 5th ST. PEMBROKE PINES FL 33029
	VP	MATHEWS, STEVE	19343 SW 5TH ST PEMBROKE PINES FL 33029		VP	DOMBROWSKY, ROBERT	2421 SW 87TH AVE. MIRAMAR FL 33025

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

7-3-2000

CR2E034 (9/99)