

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Mar 06, 2002 8:00 am
Secretary of State
03-06-2002 90050 021 ***150.00

AV 03/06/02

DOCUMENT # 299580

1. Entity Name
SANI KLEEN CHEMICALS, INC.

Principal Place of Business
2990 NW 73RD ST
MIAMI FL 33147

Mailing Address
2990 NW 73RD ST
MIAMI FL 33147

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number **59-1110403**

Applied For
Not Applicable

Zip

Country

Zip

Country

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) ☐

FILE NOW!!! FEE IS \$150.00
After May 1, 2002 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 **D** ☐ Delete
NAME **MATHEWS,BILL**
STREET ADDRESS **1280 MATHEWS ST**
CITY-ST-ZIP **NAPLES FL 34117**

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE **D** ☐ Delete
NAME **MATHEWS,CATHERINE**
STREET ADDRESS **1280 MATHEWS ST**
CITY-ST-ZIP **NAPLES FL 34117**

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE **V** ☐ Delete
NAME **DOMBROWSKY, ROBERT**
STREET ADDRESS **2421 SW 87TH AVE**
CITY-ST-ZIP **MIRAMAR FL 33025**

TITLE **V** ☒ Change ☐ Addition
NAME **DOMBROWSKY, ROBERT**
STREET ADDRESS **744 SW 159 LN**
CITY-ST-ZIP **PEMBROKE PINES, FL. 33027**

TITLE **P** ☐ Delete
NAME **MATHEWS, STEVE**
STREET ADDRESS **19343 SW 5TH ST**
CITY-ST-ZIP **PEMBROKE PINES FL 33029**

TITLE **P** ☒ Change ☐ Addition
NAME **MATHEWS, STEVE**
STREET ADDRESS **19431 NW 7th ST**
CITY-ST-ZIP **PEMBROKE PINES, FL. 33029**

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
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.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Steve Mathews

Date

Daytime Phone #

2/21/02 305-691-3660

CR2E034 (9/01)