

# 2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Feb 21, 2003 8:00 am**  
**Secretary of State**

**DOCUMENT # 527029**

1. Entity Name  
**COLONIAL CLEANERS, INC.**



02-21-2003 90203 031 \*\*\*150.00

Principal Place of Business  
**9595 S.W. 160TH STREET  
MIAMI FL 33157**

Mailing Address  
**9595 S.W. 160TH STREET  
MIAMI FL 33157**



2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

☐ CHECK HERE IF MAKING CHANGES

Zip

Country

Zip

Country

4. FEI Number **59-1734279**

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

**SANABRIA, JOSE A.  
16942 SW 82ND CT.  
MIAMI FL 33157**

Name **Jose A. Sanabria**  
Street Address (P.O. Box Number is Not Acceptable)  
**1950 S. Ocean Drive # 10F  
Hallandale 33009**  
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, I am familiar with, and accept the obligations of registered agent.

SIGNATURE *Jose A. Sanabria* **Jose A. SANABRIA** **2/15/03**  
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**  
**After May 1, 2003 Fee will be \$550.00**  
**Make Check Payable to Florida Department of State**

9. Election Campaign Financing  
Trust Fund Contribution. ☐ **\$5.00** May Be Added to Fees

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	<input type="checkbox"/> Delete
VPS	SANABRIA, EVA	16942 S W 82 CT	MIAMI, FL 33157	<input type="checkbox"/>
P	SANABRIA, JOSE A	16942 S W 82 CT	MIAMI, FL 33157	<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	<input checked="" type="checkbox"/> Change	<input type="checkbox"/> Addition
VPS	Eva Sanabria	1950 S. Ocean Drive	Hallandale, FL 33009	<input checked="" type="checkbox"/>	<input type="checkbox"/>
P	Jose A. Sanabria	1950 S. Ocean Drive	Hallandale, FL 33009	<input checked="" type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>

12. 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: *Jose A. Sanabria* **Jose A. Sanabria**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**2/15/03** **(305) 235-2592**  
Date Daytime Phone #

CR2E034 (10/02)