FILED

2001 UNIFORM BUSINESS REPORT (UBR)					FILED			
DOCUMENT # M81416 1. Entity Name SANI-SERVICES, INC.					Apr 17, 2001 8:00 am Secretary of State 04-17-2001 90048 018 ***150.00			
Principal Place of Business Mailing Address								
2011 JOHNSON HOLLYWOOD F US		2011 JOHNSON ST. HOLLYWOOD FL 33020 US			642083			
2. Principal P	lace of Business	3. Mailing Address	3. Mailing Address					
Suite, Apt. #, etc.		Suite, Apt. #, etc.	Suite, Apt. #, etc.		DO NOT WRITE IN THIS SPACE			
City & State		City & State	City & State		4. FEI Number 65-0065753 Applied For Not Applicable			
Zip	Country	Zip	Zip Country		5. Certificate of Status Des	sireci i '	8.75 Add ee Required	
	6. Name and Address of Currer	nt Registered Agent			7. Name and Address of	New Registered A	jent ~ ~~	·
HERNANDEZ, ART 1 316 N DIXIE HW Y HOLLYWOOD FL 33020				Street Address (P.O. Box Number is Not Acceptable) Jo 11 Jo Hn Son S City Mlywood FL Zip Code S Sow				
SiGNATURE _	named entity submits this statement Signature, typed or printed name of registered age		registered off	ce or registere	ed agent, or both, in the State	e of Florida.		
· Tax filing r	oration is eligible to satisfy its Intangib equirement and elects to do so. ia on back)	After MAY 1, 20	FILE NOW!!! FEE IS \$150.00 After MAY 1, 2001 Fee will be \$550.00 Make Check Payable to Department of Sta			ign Financing ribution,	Added	May Be to Fees
11.		D DIRECTORS	12.		ADDITIONS/CHANGES T			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PVD HERNANDEZ, ART 2011 JOHNSON STREET HOLLYWOOD FL	☐ Delete	TITLE NAME STREET ADDI CITY-ST-ZIF	20 SESS	epresipent a O. Pera il Ionnson s lywood, Flis	78397	Change	Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V HERNANDEZ, LINDA 2011 JOHNSON ST HOLLYWOOD PL	Delete	TITLE NAME STREET ADDI CITY-ST-ZIP	RESS			Change	☐ Addition
NAME STREET ADDRESS CITY-ST-ZIP	The second secon	□ Delete	TITLE NAME STREET ADDI	RESS	·	^ <u>-</u>	- Change	Addition
	* **** ** *** *** *** *** *** *** ***							

Addition | TITLE Delete TITLE ☐ Change NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Delete TITLE TITLE ☐ Change ☐ 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-ZIP 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 effect like empowered.

SIGNATURE: _

temano HERNANDEZ SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

04-12-01

921-2211

Daytime Phone #