

2003

FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
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Secretary of State

04-03-2003 90144 018 ***158.75

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1. Entity Name

SANI-CLEAN SERVICES, INC.



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business
810 W. Fribley St.
Tampa, FL 33603
Suite, Apt. #, etc.

3. Mailing Address
SAME
Suite, Apt. #, etc.

DO NOT WRITE IN THIS SPACE

City & State

City & State

4. FEI Number

59-3639411

Applied For

Not Applicable

Zip

Country

TAMPA, FLORIDA

Zip

Country

5. Certificate of Status Desired



\$8.75 Additional
Fee Required

7. Name and Address of Current Registered Agent

Name
FUERTES, BARBARA

Street Address (P.O. Box Number is Not Acceptable)

810 W. FRIBLEY ST.

City
TAMPA

FL

Zip Code
33603

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

Barbara Fuertes
Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent's signature required when reinstating)

DATE

3/31/03

January 1 - May 1 Fee is \$150.00

After May 1, Fee is \$550.00

Amended UBR is \$63.25

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

TITLE
NAME
D
FUERTES, BARBARA
STREET ADDRESS
810 W. Fribley Street
CITY-ST-ZIP
TAMPA, FL 33603

TITLE
NAME
D
LOPEZ, SERVANDO III
STREET ADDRESS
3009 Collins Street
CITY-ST-ZIP
Tampa, FL 33607

TITLE
NAME
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CITY-ST-ZIP

**DO NOT WRITE
IN THIS SPACE**

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 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 #

Barbara Fuertes *Barbara Fuertes* 3/31/03 813-931-1883

CR2E034B (12/02)