

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Feb 09, 2001 8:00 am
Secretary of State

02-09-2001 90244 050 ***150.00

DOCUMENT # P00000042597

1. Entity Name

SAI CLEANERS INC.

Principal Place of Business

Mailing Address

~~108 ROSEWOOD LANE~~
GREENACRES FL 33463

~~108 ROSEWOOD LANE~~
GREENACRES FL 33463

2. Principal Place of Business

5044 W Atlantic Avenue

3. Mailing Address

5044 W Atlantic Avenue

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

Delray Beach

City & State

Delray Beach

Zip

33484

Country

Florida

Zip

33484

Country

USA Florida

4. FEI Number

65-0999213

Applied For

☐ Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
 Fee Required

6. Name and Address of Current Registered Agent

STHANKIYA, USHA

~~108 ROSEWOOD LANE~~ **114 ROSEWOOD LANE**
GREENACRES FL 33463

7. Name and Address of New Registered Agent

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, 2001 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 ☐ Delete
 NAME **P STHANKIYA, USHA**
 STREET ADDRESS ~~108 ROSEWOOD LANE~~ **114 ROSEWOOD LANE**
 CITY-ST-ZIP **GREENACRES FL 33463**

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

TITLE ☐ Delete
 NAME **V JOSHI, BHARATKUMAR B**
 STREET ADDRESS ~~108 ROSEWOOD LANE~~ **103 Applewood Drive**
 CITY-ST-ZIP **GREENACRES FL 33463**

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

TITLE ☐ Delete
 NAME **V JOSHI, DILIPKUMAR B**
 STREET ADDRESS **108 ROSEWOOD LANE**
 CITY-ST-ZIP **GREENACRES FL 33463**

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

TITLE ☐ Delete
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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:

Usha Stankiya
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

President

Feb 06/01
 Date

561-495-2623
 Daytime Phone #

CR2E034 (10/00)