

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 14, 2003 8:00 am
Secretary of State

04-14-2003 90849 001 ***150.00
04-14-2003 90849 002 *****8.75

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DOCUMENT # P00000058974

1. Entity Name
JAT CLEANING, INC.



Principal Place of Business
**3251 SW 56TH AVENUE
PEMBROKE PINES FL 33023**

Mailing Address
**2701 N HIATUS RD
SUITE 155
COOPER CITY FL 33026**



2. Principal Place of Business

123 CLIFTON RD

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

Pembroke Park

City & State

4. FEI Number

65-1018823

Applied For

Not Applicable

Zip

33023

Country

Broward

Zip

Country

5. Certificate of Status Desired

☒ **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent

**BROWN, ANTHONY L
3251 SW 56TH AVENUE
PEMBROKE PINES FL 33023**

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

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

TITLE **M** ☐ Delete
NAME **MCCLARY, TERRY**
STREET ADDRESS **4170 NW 21ST AVE, APT J102**
CITY-ST-ZIP **OAKLAND PARK FL 33317**

TITLE **P** ☐ Delete
NAME **BROWN, ANTHONY L**
STREET ADDRESS **3251 SW 56TH AVENUE**
CITY-ST-ZIP **PEMBROKE PINES FL 33023**

TITLE **VP** ☒ Delete
NAME **BORA, MATTHEW**
STREET ADDRESS **3251 SW 56TH AVENUE**
CITY-ST-ZIP **PEMBROKE PINES FL 33023**

TITLE **W** ☐ Delete
NAME **Wilbina Anderson**
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE **VP** ☒ Change ☐ Addition
NAME **Terry, Mcclary**
STREET ADDRESS **5407 N.W 18TH Place**
CITY-ST-ZIP **Lauderhill FL 33313**

TITLE **P** ☒ Change ☐ Addition
NAME **Anthony L. Brown**
STREET ADDRESS **123 CLIFTON RD**
CITY-ST-ZIP **Pembroke Park FL, 33023**

TITLE **M** ☐ Change ☒ Addition
NAME **Wilbina, Anderson**
STREET ADDRESS **123 CLIFTON RD**
CITY-ST-ZIP **Pembroke Park FL, 33023**

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

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

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

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:

SIGNATURE: Anthony L. Brown
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/14/03
Date

954-894-0252
Daytime Phone #

CP20034 (10/02)