

# 2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Feb 27, 2003 8:00 am**  
**Secretary of State**

1/2

01-22-2003 90150 046 \*\*\*150.00

DOCUMENT # **P02000095397**

1. Entity Name

**CHABRY'S CLEANING SERVICES, INC.**



Principal Place of Business

~~2012 NE 3 TERRACE~~

~~#2~~

~~WILTON MANORS FL 33305~~

~~US~~

Mailing Address

~~2012 NE 3 TERRACE~~

~~#2~~

~~WILTON MANORS FL 33305~~

~~US~~

2. Principal Place of Business

**741 NE 57th STREET**

State, Apt., #, etc.

3. Mailing Address

**741 NE 57th STREET**

State, Apt., #, etc.



☒ CHECK HERE IF MAKING CHANGES

City & State

**FORT LAUDERDALE, FL**

Zip

**33334-3533**

Country

**U.S.**

City & State

**FORT LAUDERDALE, FL**

Zip

**33334-3533**

Country

**U.S.**

4. FEI Number

**22-3868316**

Applied For

Not Applicable

5. Certificate of Status Desired

☐

**\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent

**BUTLER, CHARLES A**

**2012 NE 3 TERRACE**

~~#2~~

**WILTON MANORS FL 33305**

**741 NE 57th STREET**

**FORT LAUDERDALE, FL**

**33334-3533**

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 **PRES** ☐ Delete  
NAME **BUTLER, CHARLES A**  
STREET ADDRESS **2012 NE 3 TERRACE #2**  
CITY-ST-ZIP **WILTON MANORS FL 33305**

TITLE **VP** ☒ Delete  
NAME **BENWAY, BRYAN J JR.**  
STREET ADDRESS **2012 NE 3 TERRACE #2**  
CITY-ST-ZIP **WILTON MANORS FL 33305**

TITLE **TREA** ☒ Delete  
NAME **RAFF, SCOTT D**  
STREET ADDRESS **1520 NE 18 AVENUE**  
CITY-ST-ZIP **FORT LAUDERDALE FL 33304**

TITLE ☐ Delete  
NAME  
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 ☐ 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

TITLE ☐ Change ☐ Addition  
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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: **X [Signature]**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**1-17-03**  
Date

**954-295-4126**  
Daytime Phone #

CR2E034 (10/02)