

# 2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P93000044584

1. Entity Name  
CLEANWAY, INC.

Principal Place of Business  
6100 BISCAYNE BLVD  
MIAMI FL 33137

Mailing Address  
6100 BISCAYNE BLVD  
MIAMI FL 33137

2. Principal Place of Business  
Suite, Apt. #, etc.

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

City & State  
Zip

City & State  
Zip

FILED  
Jan 23, 2001 8:00 am  
Secretary of State

01-23-2001 90101 018 \*\*\*150.00

UUUUbb04



DO NOT WRITE IN THIS SPACE

4. FEI Number **65-0419573**  Applied For  
 Not Applicable

5. Certificate of Status Desired  **\$8.75** Additional  
Fee Required

## 6. Name and Address of Current Registered Agent

AMJAD, GHAZALA  
6100 BISCAYNE BLVD  
MIAMI FL 33137

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 NAME STREET ADDRESS CITY-ST-ZIP	DP AMJAD, GHAZALA 6100 BISCAYNE BLVD MIAMI FL 33137	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP AMJAD, ASIYA 6100 BISCAYNE BLVD MIAMI FL 33137	<input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TR AMJAD, OSMAN 6100 BISCAYNE BLVD MIAMI FL 33137	<input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

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: *Amjad Ahmed*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

MANAGER 1/6/01 305-756-8226

Date

Daytime Phone #

CR2E034 (10/00)

016739