FILED
Aug 01, 2001 8:00 am
Secretary of State
06-27-2001 90007 048 ***158.75

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P97000018568

1. Entity Name
SALAS FAMILY CLEANERS, INC.

(A)

Principal Place of Business	Mailing Address
13607 CORAL WAY MIAMI, FL 33175	

2. Principal Place of Business	3. Mailing Address
13607 CORAL WAY	
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State: MIAMI FL	City & State
Zip: 33175 Country: USA	Zip Country

[redacted]

DO NOT WRITE IN THIS SPACE

4. FEI Number: 65-0733734 ☐ Applied For ☐ Not Applicable

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

6. Name and Address of Current Registered Agent

MICHAEL CHALEFF
13607 CORAL WAY
MIAMI FL 33175

7. Name and Address of New Registered Agent

Name: JUAN B SALAS
Street Address (P.O. Box Number is Not Acceptable): 13607 CORAL WAY
City: MIAMI FL Zip Code: 33175

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] JUAN SALAS 4-28-01
Signature, typed or printed name and title of authorized person (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) ☐

IF YOU FILE NOW!!! After MAY 1, 2001 Make Check Payable to Department of State
FEE IS $150.00 Fee Will Be $550.00

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	MICHAEL CHALEFF 13607 CORAL WAY MIAMI FL 33175	☐ Delete	JUAN SALAS 13607 CORAL WAY MIAMI, FL 33175 (PRESIDENT)	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	Yildret Salas Vice President 13607 CORAL WAY MIAMI FL 33175	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete		☐ Change ☐ 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: [signature] JUAN SALAS 4-28-01 305 2258676
SIGNATURE AND TYPED OR PRINTED NAME OF REPORTING OFFICER OR DIRECTOR — DATE — Daytime Phone #