

# 2000 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Sep 13, 2000 8:00 am**  
**Secretary of State**  
 09-13-2000 90021 018 \*\*\*558.75

**DOCUMENT # P97000049475**

1. Entity Name  
**SAN-KLEEN PRODUCTS, INC.**

Principal Place of Business

671 N E 4TH PLACE  
 HIALEAH FL 33010  
 US

Mailing Address

P O BOX 660462  
 MIAMI FL 33266-0462  
 US

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

65-0782358

Applied For  
 Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired

☒ \$8.75 Additional  
 Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

PEREZ, JESUS JR  
 671 N E 4TH PLACE  
 HIALEAH FL 33010

Name **JESUS C. PEREZ**

Street Address (P.O. Box Number is Not Acceptable)

**671 N.E. 4 PLACE**

City **HIALEAH**

FL

Zip Code **33010**

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 **JESUS C. PEREZ, V.P.**

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

9-10-00

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 \$550.00**

**After SEPTEMBER 13, 2000 Min. will be \$750.00**  
**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 **P** ☒ Delete  
 NAME **PEREZ, JESUS JR**  
 STREET ADDRESS **671 N E 4TH PLACE**  
 CITY-ST-ZIP **HIALEAH FL 33010**

TITLE **VICE PRESIDENT** ☐ Change ☒ Addition  
 NAME **JESUS C. PEREZ**  
 STREET ADDRESS **671 N.E. 4TH PLACE**  
 CITY-ST-ZIP **HIALEAH, FL. 33010**

TITLE ☐ Delete  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE **VICE PRESIDENT** ☐ Change ☒ Addition  
 NAME **ALICIA PEREZ**  
 STREET ADDRESS **671 N.E. 4TH PLACE**  
 CITY-ST-ZIP **HIALEAH, FL. 33010**

TITLE ☐ Delete  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

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:

**JESUS C. PEREZ**  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

9-10-00

Date

305-821-3850 x3037

Daytime Phone #

CR2E034 (5/00)