

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Jan 09, 2003 8:00 am
Secretary of State

01-09-2003 90014 018 ***150.00

DOCUMENT # P97000049475

1. Entity Name
SANI-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
1755 WEST 40 STREET

Suite, Apt. #, etc.
HIALEAH, FLA.

City & State

3. Mailing Address

Suite, Apt. #, etc.

City & State

Zip
33014

Country
USA

Zip

Country



☒ CHECK HERE IF MAKING CHANGES

4. FEL Number
65-0782358

Applied For
☐ Not Applicable

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

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

JESUS C. PEREZ

1-6-03

(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

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
P
PEREZ, ALICIA ☐ Delete
671 NE 4 PL
HIALEAH FL 33010

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

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
VPT ☐ Delete
PEREZ, JESUS C
671 NE 4 PL
HIALEAH FL 33010

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

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Delete

TITLE
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☐ Delete

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

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

1-6-03 305-753-0962

Date Daytime Phone #

CR2E034 (10/02)