

# 2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P98000001887

1. Entity Name

STRAND & SON CLEANING, INC.

Principal Place of Business

4211 S.W. 74TH AVENUE  
DAVIE FL 33314

Mailing Address

4211 S.W. 74TH AVENUE  
DAVIE FL 33314

2. Principal Place of Business

Home

3. Mailing Address

HC4 Box 451

Suite, Apt. #, etc.

HC4 Box 451

Suite, Apt. #, etc.

City & State

Old Town 4a.

City & State

4a.

Zip

32680

Country

Dixie

Zip

32680

Country

Dixie

4. FEI Number

65-0806993

Applied For

Not Applicable

5. Certificate of Status Desired

\$8.75 Additional  
Fee Required

6. Name and Address of Current Registered Agent

STRAND, SONJIA L  
4211 S.W. 74TH AVENUE  
DAVIE FL 33314

Name

Sonjia Strand Zaffuto

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

HC4 Box 451

City

Old Town

FL

Zip Code  
32680

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<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | D<br>STRAND, SONJIA L<br>4211 S.W. 74TH AVENUE<br>DAVIE FL 33314 | <input type="checkbox"/> Delete | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP |  | <input type="checkbox"/> Delete | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
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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: *Sonjia Strand Zaffuto*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

5-16-01

Date

Daytime Phone #

CR2E034 (10/00)