

2000 UNIFORM BUSINESS REPORT (UBR)

5/2

FILED
Jun 20, 2000 8:00 am
Secretary of State

05-23-2000 90198 046 ***150.00

DOCUMENT # P98000039519

1. Entity Name
SAWGRASS QUALITY CLEANERS, INC.

Principal Place of Business Mailing Address
 11909 WEST SUNRISE BLVD. 11909 WEST SUNRISE BLVD.
 PLANTATION FL 33328 PLANTATION FL 33323-2224

2. Principal Place of Business 3. Mailing Address
 Suite, Apt. #, etc. Suite, Apt. #, etc.

City & State City & State

Zip Country Zip Country

4. FEI Number Applied For
65-0823909 Not Applicable

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

6. Name and Address of Current Registered Agent
CHAMBERLAIN, TOM
1590 HARBOURSIDE DR
WESTON FL 33326

7. Name and Address of New Registered Agent
 Name: **STEVEN FERNANDES**
 Street Address (P.O. Box Number is Not Acceptable): **11909 WEST SUNRISE BLVD**
PLANTATION FL 33328

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]* DATE: **6/12/00**

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, 2000 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

TITLE	D	<input checked="" type="checkbox"/> Delete
NAME	CHAMBERLAIN, THOMAS W	
STREET ADDRESS	1590 HARBOURSIDE DR	
CITY-ST-ZIP	WESTON FL 33326	
TITLE	D	<input checked="" type="checkbox"/> Delete
NAME	CHAMBERLAIN, MARTHA	
STREET ADDRESS	1590 HARBOURSIDE DR	
CITY-ST-ZIP	WESTON FL 33326	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	PRES D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	STEVEN FERNANDES	
STREET ADDRESS	11909 WEST SUNRISE BLVD.	
CITY-ST-ZIP	PLANTATION, FL 33328	
TITLE	SECRETREAS D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	LOU ANNE FERNANDES	
STREET ADDRESS	11909 WEST SUNRISE BLVD.	
CITY-ST-ZIP	PLANTATION, FL 33328	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> 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: *[Signature]* Date: **4-15-2000** Daytime Phone #: **954-392-2884**

CR2E034 (9/99)