

# 2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P98000072170

1. Entity Name  
**S & L CLEANING, MANAGEMENT AND CONSULTING, INC.**

Principal Place of Business

Mailing Address

~~770 S.W. 9TH ST., UNIT 4~~  
~~MIAMI FL 33131~~

P.O. BOX 013482  
MIAMI FL 33101

2. Principal Place of Business

3. Mailing Address

**1020 SW 10 AVENUE**

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

**MIAMI, FLORIDA**

Zip

Country

Zip

Country

**33130**

4. FEI Number **65-0914300**

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

**CHEHADE, SONIA D**  
~~770 S.W. 9TH ST., UNIT 4~~  
~~MIAMI FL 33131~~

Name **CHEHADE, SONIA D.**

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

**1020 SW 10 AVENUE**

City **MIAMI**

FL

Zip Code **33130**

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 *Sonia D. Chehade* **CHEHADE, SONIA D.**

**01-9-2001**

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 **DVP** ☐ Delete  
NAME **CHEHADE, SONIA D**  
STREET ADDRESS **770 S.W. 9TH ST., UNIT 4**  
CITY-ST-ZIP **MIAMI FL 33131**

TITLE **DVP** ☒ Change ☐ Addition  
NAME **CHEHADE, SONIA D**  
STREET ADDRESS **1020 SW 10 AVENUE**  
CITY-ST-ZIP **MIAMI, FLORIDA 33130**

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
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CITY-ST-ZIP

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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: *Sonia D. Chehade* **CHEHADE, SONIA D** **01-9-2001** **305-8548401**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

**FILED**  
**Jan 22, 2001 8:00 am**  
**Secretary of State**

01-22-2001 90048 001 \*\*\*150.00  
01-22-2001 90048 002 \*\*\*\*\*8.75

**22011**



DO NOT WRITE IN THIS SPACE

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CR2E034 (10/00)