

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # **P99000020873**

FILED

00 MAR 20 PM 2:50

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

1. Entity Name
SAAVEDRA CLEANING CORP

Principal Place of Business Mailing Address

2. Principal Place of Business **561 8th St NE**
Suite, Apt. #, etc.

3. Mailing Address **Bartoo Tax Associates**
c/o 2408 Linwood Ave
Suite, Apt. #, etc. **8**

DO NOT WRITE IN THIS SPACE

City & State **Naples, FL**

City & State **Naples, FL**

Zip **34120** Country **USA**

Zip **34114** Country **USA**

4. FEI Number **59-3571042** Applied For Not Applicable

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

6. Name and Address of Current Registered Agent

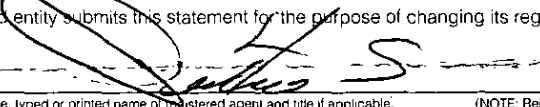
7. Name and Address of New Registered Agent

Name **ANTONIO L. SAAVEDRA**

Street Address (P.O. Box Number is Not Acceptable) **561 8th St NE**

City **NAPLES** FL Zip Code **34120**

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  DATE **3/13/2000**

Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so.

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/P/S/T	<input type="checkbox"/> Delete
NAME SAAVEDRA, ANTONIO L.	
STREET ADDRESS 561 8th St NE	
CITY-ST-ZIP NAPLES, FL 34120	
TITLE D/VP	<input type="checkbox"/> Delete
NAME SAAVEDRA, GLORIA	
STREET ADDRESS 561 8th St NE	
CITY-ST-ZIP NAPLES, FL 34120	
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	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	200003186492--7
STREET ADDRESS	-03/28/00--01020--018
CITY-ST-ZIP	****150.00 ****150.00
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:  DATE **3/13/2000**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

KE