

**2002 UNIFORM BUSINESS REPORT (UBR)**

**FILED**  
**Mar 31, 2002 8:00 am**  
**Secretary of State**

03-31-2002 90333 008 \*\*\*150.00

0502819 AV

**DOCUMENT # P99000020873**  
 1. Entity Name  
**SAABEDRA CLEANING CORP.**  
*SAAVEDRA CLEANING CORP (TYPO)*

Principal Place of Business: **561 8TH STREET N.E. NAPLES FL 34120**  
 Mailing Address: **C/O BORRO TAX ASSOCIATES 2400 LINWOOD AVE NAPLES FL 34112**

**80054095**



2. Principal Place of Business: Suite, Apt. #, etc.  
 3. Mailing Address: **3940 Radio Rd. St 103**  
 Suite, Apt. #, etc.  
 City & State: **Naples**  
 City & State: **Naples**  
 Zip: **FL** Country: **34104**

DO NOT WRITE IN THIS SPACE

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  
**SAAVEDRA, ANTONIO L**  
**561 8TH STREET N.E.**  
**NAPLES FL 34120**

7. Name and Address of New Registered Agent  
 Name: \_\_\_\_\_  
 Street Address (P.O. Box Number is Not Acceptable): \_\_\_\_\_  
 City: **FL** Zip Code: \_\_\_\_\_

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: \_\_\_\_\_  
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 requirement and elects to do so:   
**FILE NOW!!! FEE IS \$150.00**  
**After May 1, 2002 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	<b>DPST</b>	<input type="checkbox"/> Delete
NAME	<b>SAABEDRA, ANTONIO L SAAVEDRA, ANTONIO L</b>	
STREET ADDRESS	<b>561 8TH STREET N.E.</b>	
CITY-ST-ZIP	<b>NAPLES FL 34120</b>	
TITLE	<b>DVP</b>	<input type="checkbox"/> Delete
NAME	<b>SAABEDRA, GLORIA SAAVEDRA, GLORIA</b>	
STREET ADDRESS	<b>561 8TH STREET N.E.</b>	
CITY-ST-ZIP	<b>NAPLES FL 34120</b>	
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		
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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR**  
 Date: **3/15/02** Daytime Phone #: **895 9597**

CR2E034 (9/01)