2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # **P95000003290**

1. Entity Name

STREET ADDRESS

CITY-ST-7IP

Apr 22, 2000 8:00 am Secretary of State TIFFANY CLEANERS, INC. 04-22-2000 90121 018 ***150.00 Principal Place of Business Mailing Address 670 E SEMORAN BLVD-670 E SEMORAN BLVD CASSELBERRY FL 32707 CASSELBERRY FL 32707-5302 2. Principal Place of Business Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE City & State City & State 4. FEI Number Applied For 59-3320205 Not Applicable Zíp Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent Name MEHTA, MANMAR Street Address (P.O. Box Number is Not Acceptable) 1245 VALLEY CREEK BLVD WINTER PARK FL 32792 Zin 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 it applicable. (NOTE: Registered Agent signature required when reinstating) 9. This corporation is eligible to satisfy its Intangible FILE NOW!!! FEE IS \$150.00 10. Election Campaign Financing \$5.00 May Be Tax filing requirement and elects to do so. After MAY 1, 2000 Fee will be \$550.00 Trust Fund Contribution. Added to Fees (See criteria on back) Make Check Payable to Department of State 11. OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 PN ☐ Change ☐ Addition TITLE TITLE Defete TRIVEDI, DHABA-AT NAME NAME 3, 5 STREET AODRESS 1245 VALLEY CREEK RUN STREET ADDRESS CITY-ST-ZIP WINTER PARK FL 32792 CITY-ST-7IP ☐ Change ☐ Addition Delete TITLE MEHTA, MANHAR NAME NAME STREET ADDRESS STREET ADDRESS 1245 VALLEY CREEK RUN CITY-ST-ZIP CITY-ST-ZIP WINTER PARK FL 32792 Change ☐ Addition TITLE ☐ Delete TITLE BHARTIBEN MENTA NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Change ☐ Addition TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change ☐ Addition ☐ Delete TITLE TITLE NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Change Change ☐ Addition TITLE ☐ Delete TITLE NAME NAME

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.

STREET ADDRESS CITY-ST-ZIP

FILED