

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Jan 25, 2001 8:00 am
Secretary of State

01-25-2001 90125 029 ***150.00

DOCUMENT # P99000056571

1. Entity Name

TOWER SQUARE DRY CLEANERS, INC.

Principal Place of Business

5737 SW 75TH ST.
 GAINESVILLE FL 32608-5504
 US

Mailing Address

5737 SW 75TH ST.
 GAINESVILLE FL 32608-5504
 US

00007823



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

5737 SW 75TH ST.

Suite, Apt. #, etc.

3. Mailing Address

5737 SW 75TH ST.

Suite, Apt. #, etc.

City & State

GAINESVILLE

City & State

GAINESVILLE
 FLORIDA

4. FEI Number

59-3588272

Applied For

Not Applicable

Zip

32608

Country

U.S.A

Zip

32608

Country

U.S.A

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

ALMEIDA, MARIA I
 5737 SW 75TH ST.
 GAINESVILLE FL 32608-5504

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

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	NAME	STREET ADDRESS	CITY-ST-ZIP	<input type="checkbox"/> Delete
D	ALMEIDA, MARIA I	5737 SW 75TH ST.	GAINESVILLE FL 32608-5504	<input type="checkbox"/>
VPS	ALMEIDA, JOSE P	5737 SW 75TH ST	GAINESVILLE FL 32608-5504	<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>

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:

Maria Isabel Almeida
 MARIA ISABEL ALMEIDA

01-17-01

352 377-0865

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (10/00)