

# 2001 UNIFORM BUSINESS REPORT (UBR)

5/3

FILED

May 25, 2001 8:00 am  
Secretary of State

05-03-2001 90953 017 \*\*\*150.00

DOCUMENT # 492034

1. Entity Name

MARISE LAUNDRY & DRY CLEANERS, INC.

Principal Place of Business

1866 NW 36TH ST.  
MIAMI FL 33142-5441

Mailing Address

1866 NW 36TH ST.  
MIAMI FL 33142-5441

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number 59-1637340

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

RODRIGUEZ, ESDRAS A.  
10600 S.W. 60 STREET  
MIAMI FL

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	P RODRIGUEZ, ESDRAS A. SR.	<input type="checkbox"/> Delete
STREET ADDRESS	10600 S.W. 60 ST.	
CITY-ST-ZIP	MIAMI FL 33173	
TITLE NAME	VP RODRIGUEZ, SEGUNDA	<input checked="" type="checkbox"/> Delete
STREET ADDRESS	10600 S.W. 60 ST.	
CITY-ST-ZIP	MIAMI FL 33173	
TITLE NAME	ESDRAS A. RODRIGUEZ JR.	<input type="checkbox"/> Delete
STREET ADDRESS	10845 WESTWOOD LAKE DR.	
CITY-ST-ZIP	MIAMI, FL 33165	
TITLE NAME	VICE PRESIDENT	<input type="checkbox"/> Delete
STREET ADDRESS		
CITY-ST-ZIP		
TITLE NAME		<input type="checkbox"/> Delete
STREET ADDRESS		
CITY-ST-ZIP		
TITLE NAME		<input type="checkbox"/> Delete
STREET ADDRESS		
CITY-ST-ZIP		

TITLE NAME		<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS		
CITY-ST-ZIP		
TITLE NAME	TREASURY SECRETARY	<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS	MARISE RODRIGUEZ	
CITY-ST-ZIP	10600 S.W. 60 Street	
TITLE NAME	MIAMI, FL 33173	<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS	ESDRAS A. RODRIGUEZ	
CITY-ST-ZIP	10845 WESTWOOD LAKE DR.	
TITLE NAME	MIAMI, FL 33165	<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS	PRESIDENT	
CITY-ST-ZIP		
TITLE NAME		<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS		
CITY-ST-ZIP		
TITLE NAME		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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

Daytime Phone #

CR2034 (10/00)