## **2001 UNIFORM BUSINESS REPORT (UBR) FILED** Feb 13, 2001 8:00 am Secretary of State **DOCUMENT # 309742** LA MAR 1 HR. CLEANERS, INC. 02-13-2001 90004 022 \*\*\*150.00 Principal Place of Business Mailing Address 6430 PEMBROKE ROAD 6430 PEMBROKE ROAD HOLLYWOOD FL 33023 HOLLYWOOD FL 33023 813829 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE Applied For City & State City & State 4. FEI Number 59-1302011 Not Applicable Zip Country Zip 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 FALKOWSKI, WILLIAM Street Address (P.O. Box Number is Not Acceptable) 6430 PEMBROKE RD HOLLYWOOD FL 33023 Zip Code City FL 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) FILE NOW!!! FEE IS \$150.00 9. This corporation is eligible to satisfy its Intangible 10. Flection Campaign Financing \$5 00 May Bo

Tax filing requirement and elects to do so.		After MAY 1, 2001 Fee will be \$550.00		Trust Fullo Contribution	n. Added	to Fees
(See criteria on back)  Make Check Payable to Department of State						
11.	OFFICERS AND DIF	12.	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11			
TITLE	D	☐ Delete	TITLE		☐ Change	☐ Addition
NAME	FALKOWSKI, WILLIAM		NAME			
STREET ADDRESS	6430 PEMBROKE ROAD		STREET ADDRESS			
CITY-ST-ZIP	HOLLYWOOD FL		CITY-ST-ZIP			
TITLE	VD	☐ Delete	TITLE		☐ Change	☐ Addition
NAME	FALKOWSKI, IRENE		NAME			
STREET ADDRESS	6430 PEMBROKE ROAD		STREET ADDRESS			
CITY-ST-ZIP	HOLLYWOOD FL		CITY-ST-ZIP			
TITLE	PD	☐ Delete	TITLE		☐ Change	☐ Addition
NAME -	-FALKOWSKI, JAMES	Andrews and the same	NAME			-
STREET ADDRESS	6430 PEMBROKE ROAD		STREET ADDRESS			7 = 7
C!TY-ST-ZIP	HOLLYWOOD FL 33023		CITY-ST-ZIP			١
TITLE	STD	☐ Delete	TITLE		☐ Change	☐ Addition
NAME	FALKOWSKI, GAYNELL		NAME		,	
STREET ADDRESS	6430 PEMBROKE RD		STREET ADDRESS			
CITY-ST-ZIP	HOLLYWOOD FL 33023		CITY-ST-ZIP			
TITLE		☐ Delete	TITLE		☐ Change	Addition
NAME			NAME			
STREET ADDRESS			STREET ADDRESS			
CITY-ST-ZIP			CITY-ST-ZIP			
TITLE		Delete	TITLE		☐ Change	☐ Addition
NAME			NAME			
STREET ADDRESS			STREET ADDRESS			
CITY-ST-ZIP			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.						

Daytime Phone #

Date

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

SIGNATURE: