FILED

2001 UNIFORM BUSINESS REPORT (UBR)

SIGNATURE:

Jul 20, 2001 8:00 am Secretary of State DOCUMENT # 317258 1. Entity Name 07-20-2001 90002 002 ***550 00 ROYAL CLEANERS OF TAMPA, INC. Principal Place of Business Mailing Address 3113 NORTH ARMENIA AVE 3113 NORTH ARMENIA AVE A0078649. TAMPA FL 33607 TAMPA FL 33607 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE City & State 4. FEI Number Applied For City & State 59-1166752 Not Applicable Zip Country Country Zip \$8.75 Additional 5. Certificate of Status Desired . 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent PEREZ, EDWARD Street Address (P.O. Box Number is Not Acceptable) 4624 COUNTRY HILLS DRIVE **TAMPA FL 33624** Zip Code 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. DATE (NOTE: Registered Agent signature required when reinstating) FILE NOW!!! FEE IS \$550.00 9. This corporation is eligible to satisfy its Intangible 10. Election Campaign Financing \$5.00 May Be After September 12, 2001 Fee will be \$750.00 Tax filing requirement and elects to do so. Trust Fund Contribution. Added to Fees (See criteria on back) Make Check Payable to Department of State OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 11. 12. ☐ Addition TITLE Delete TITI F ☐ Change NAME PEREZ, EDWARD NAME STREET ADDRESS STREET ADDRESS **4624 COUNTRY HILLS DRIVE** CITY-ST-ZIP TAMPA FL CITY-ST-ZIP ☐ Addition TITLE ☐ Delete TITLE ☐ Change NAME PEREZ, PATRICIA NAME STREET ADDRESS STREET ADDRESS 4624 COUNTRY HILLS DRIVE CITY-ST-ZIP TAMPA FL CITY-ST-ZIP Change ☐ Addition ☐ Delete NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Change TITLE Delete TITLE ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change ☐ Addition 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-7IP 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 expowered.