## **2001 UNIFORM BUSINESS REPORT (UBR)**

## **FILED** Feb 01, 2001 8:00 am Secretary of State **DOCUMENT # 396182** 1. Entity Name ANTOINE CLEANERS, INC. 02-01-2001 90183 048 \*\*\*158.75 Principal Place of Business Mailing Address 1689 SW 27TH AVE 1689 SW 27TH AVE MIAMI FL 33145 MIAMI FL 33145 00012702 2.- Principal Place of Business 3. Mailing Address \_\_ DO NOT WRITE IN THIS SPACE Suite, Apt. #, etc. Suite Apt # etc. Applied For City & State City & State 4. FEI Number 59-1380096 Not Applicable Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name DIAZ. ANTONIO M. Street Address (P.O. Box Number is Not Acceptable) 2025 BUCHEL AVE **MIAMI FL 33133** 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. (NOTE: Registered Agent signature required when reinstating) DATE FILE NOW!!! FEE IS \$150.00 9. This corporation is eligible to satisfy its Intangible 10. Election Campaign Financing \$5.00 May Be Tax filing requirement and elects to do so. After MAY 1, 2001 Fee will be \$550.00 Trust Fund Contribution. Added to Fees (See criteria on back) Make Check Payable to Department of State ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 OFFICERS AND DIRECTORS 11. 12. TITLE TITLE ☐ Delete RICHARD DIAZ SR. DIAZ. RICHARD NAME 14837 BALGOWAN RD APT STREET ADDRESS 8240 NW 154 TERR STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP MIMMI LAKES FL. 33016 HIALEAH FL RICHARD DIAZ SR TITLE Delete TITLE DIAZ. RICHARD JR. NAME NAME MIAMI LAKES 13016 14 PINTA RD STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP MIAMI FL TITLE SD ☐ Delete TITLE DIAZ TULIA C. DIAZ. JULIA C. NAME NAME 14837 BALGOWAN RD APT213 MIMMILAKEL KL. 33016 STREET ADDRESS 8240 NW 154 TERR STREET ADDRESS CITY-ST-ZIP HIALEAH FL CITY-ST-ZIP ☐ Delete TITLE Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change ☐ Addition TITLE ☐ Delete TITLE NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete Change ☐ Addition TITLE TITLE NAME NAME STREET ADDRESS 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.