02/24/2004 08:55 5617382058 CPASI

2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 02, 2004 8:00 am
Secretary of State
02-10-2004 90038 044 ***158.75

DOCUMENT # 401736

1. Entity Name
ARL-RON CLEANING CORP.

Principal Place of Business	Mailing Address
6995 W 12TH AVE HIALEAH, FL 33014-5104	6995 W 12TH AVE HIALEAH, FL 33014-5104
2. Principal Place of Business	3. Mailing Address
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State	City & State
Zip / Country	Zip / Country

02242004 Chg-P CR2E034 (10/03)

4. FEI Number: 59-1400681 — ☐ 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
SEITZ, RONALD A — Deceased Aug 29 2002 6995 W 12 AVE HIALEAH, FL 33014	Name: Robert Bernard - Personal Representative Street Address (P.O. Box Number is Not Acceptable): c/o Arl-Ron Cleaning Corp 6995 W. 12 Ave City: Hialeah FL Zip Code: 33014

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE: [signature] DATE: 2/23/04

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
After May 1, 2004 Fee will be $550.00

9. Election Campaign Financing Trust Fund Contribution. ☐ **$5.00** May Be Added to Fees

10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	PSD SEITZ, RONALD 6995 W 12 AVE. HIALEAH, FL	☒ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	Personal Representative Court Appointed Robert Bernard 6995 W. 12 Ave Hialeah, FL 33437	☒ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition

12. 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: [signature] Date: 2/23/04 Daytime Phone #: 561-738-7988

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Attachment

2004 FOR PROFIT CORPORATION ANNUAL REPORT

2/10/2004-90038-044-$158.75-$158.75

DOCUMENT # 401736

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ARL-RON CLEANING CORP.

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6995 W 12TH AVE HIALEAH, FL 33014-5104	6995 W 12TH AVE HIALEAH, FL 33014-5104

G04041602 [redacted]

02032004 No Chg-P CR2E034 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number
59-1400681
☐ Applied For
☐ Not Applicable

5. Certificate of Status Desired ☒ **$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent

SEITZ, RONALD A
6995 W 12 AVE
HIALEAH, FL 33014
change

7. Name & Address

DO NOT WRITE IN THIS SPACE

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE _____ Estate Rep Signature _____ DATE
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

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10. OFFICERS AND DIRECTORS

TITLE	PSD
NAME	SEITZ, RONALD – Estate of Ronald A. Seitz
STREET ADDRESS	6995 W 12 AVE.
CITY-ST-ZIP	HIALEAH, FL Deceased Delete
TITLE	List Name Address & Title
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

MIAMI

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SIGNATURE: X _____ – Personal Representative 2/4/04
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

FOR VALIDATION INFORMATION ONLY

Doc # 401736 Make changes Down Load

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