

# 2002 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Mar 27, 2002 8:00 am**  
**Secretary of State**  
 03-27-2002 90060 020 \*\*\*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, 2002 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** TS ☐ Delete  
**NAME** RODRIGUEZ, ESDRAS A. SR.  
**STREET ADDRESS** 10600 S.W. 60 ST.  
**CITY-ST-ZIP** MIAMI FL 33173

**TITLE** **PRESIDENT** ☒ Change ☐ Addition  
**NAME** ESDRAS A RODRIGUEZ SR. 50%  
**STREET ADDRESS**  
**CITY-ST-ZIP**

**TITLE** VP ☐ Delete  
**NAME** RODRIGUEZ, MARISE  
**STREET ADDRESS** 10600 S.W. 60 ST.  
**CITY-ST-ZIP** MIAMI FL 33173

**TITLE** **VI. PRESIDENT** ☒ Change ☐ Addition  
**NAME** ESDRAS A. RODRIGUEZ JR.  
**STREET ADDRESS**  
**CITY-ST-ZIP**

**TITLE** PVP ☐ Delete  
**NAME** RODRIGUEZ, JR., ESDRAS A  
**STREET ADDRESS** 10845 WEST WOOD LAKE DRIVE  
**CITY-ST-ZIP** MIAMI FL 33165

**TITLE** **T. SECRETARY** ☒ Change ☐ Addition  
**NAME** MARISE RODRIGUEZ 50%  
**STREET ADDRESS**  
**CITY-ST-ZIP**

**TITLE** ☐ Delete  
**NAME**  
**STREET ADDRESS**  
**CITY-ST-ZIP**

**TITLE** ☐ Change ☐ Addition  
**NAME**  
**STREET ADDRESS**  
**CITY-ST-ZIP**

**TITLE** ☐ Delete  
**NAME**  
**STREET ADDRESS**  
**CITY-ST-ZIP**

**TITLE** ☐ Change ☐ Addition  
**NAME**  
**STREET ADDRESS**  
**CITY-ST-ZIP**

**TITLE** ☐ Delete  
**NAME**  
**STREET ADDRESS**  
**CITY-ST-ZIP**

**TITLE** ☐ Change ☐ Addition  
**NAME**  
**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:** *Marise Rodriguez* **MARISE RODRIGUEZ**  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**3/13/02 (305)635-4911**  
 Date Daytime Phone #

CR2E034 (9/01)