

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # 538180

1. Entity Name

DRYCLEAN U.S.A. FRANCHISE COMPANY

FILED
Jun 05, 2000 8:00 am
Secretary of State

06-05-2000 90009 027 ***150.00

Principal Place of Business

Mailing Address

1875 W COMMERCIAL BLVD
 STE 140
 FT LAUDERDALE FL 33309
 US

C/O DRYCLEAN USA MGMT INC.
 51 WEST 135TH
 KANSAS CITY MO 64145-1289
 US



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number **59-1774337**

Applied For

Not Applicable

Zip

Country

Zip

Country

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

C T CORPORATION SYSTEM
 1200 SOUTH PINE ISLAND ROAD
 PLANTATION FL 33324

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, 2000 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	D	<input type="checkbox"/> Delete
NAME	BARRY, JAMES P	
STREET ADDRESS	51 WEST 135TH STREET	
CITY-ST-ZIP	KANSAS CITY MO	
TITLE	T	<input type="checkbox"/> Delete
NAME	VADOVICKY, PAUL J	
STREET ADDRESS	1875 W COMMERCIAL BLVD, #140	
CITY-ST-ZIP	FT LAUDERDALE FL	
TITLE	PD	<input type="checkbox"/> Delete
NAME	RODRIGUEZ, EDDIE J	
STREET ADDRESS	51 W. 135TH	
CITY-ST-ZIP	KANSAS CITY MO 64145	
TITLE	S	<input type="checkbox"/> Delete
NAME	CAVITT, BRUCE E	
STREET ADDRESS	1875 W COMMERCIAL BLVD, #140	
CITY-ST-ZIP	FT LAUDERDALE FL	
TITLE	D	<input checked="" type="checkbox"/> Delete
NAME	ZERNY, RICHARD G	
STREET ADDRESS	MIDWAY ROAD, BOOTLE MERSEYSIDE	
CITY-ST-ZIP	L205EW UK	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
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TITLE		<input type="checkbox"/> Change <input type="checkbox"/> 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: *X Paul J. Vadovicky*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

5/1/00

Date

86-508-1223

Daytime Phone #

CR2E034 (9/99)