FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

PROFIT CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # 566322

1. Corporation Name

MR. JOSEPH DRY CLEANING INC.

FILED Mar 05, 1999 8:00 am Secretary of State

03-05-1999 90100 022 ***150.00



									BIAN 8181 B Bi	
Principal Place	of Business	Mailing Address						a., 41411 A1411	Ater- Aidu (44)	
6460 S.W. 40TH ST 6460 S.W. 40TH ST										
MIAMI FL 33155 MIAMI FL 33155						DO NOT WRITE IN THIS SPACE				
							IE IN THIS	SPACE		Į
						3. Date incorporated or Qualifed 02/16/1978				ł
2. Principal Pl	ace of Business	2a. Mailing Addres	ss			4. FEI Number		Ar	oplied For	
21 26				·		59-2098168		No	ot Applicable	l
Suite, Apt. #, etc. Suite, Apt. #, etc.						5. Certificate of Status Desired			Additional ·	l
22						3. Certificate of Status Desired		Fee Re	equired	l
City & State City & State						6. Election Campaign Financing		\$5.00		i
28						. Trust Fund Contribution		Added t	to Fees	i
Zip Country Zip				Country		8. This corporation owes the curr	ent year:Inta			l
24	25	29	30	, —	· · · · · · · · · · · · · · · · · · ·	Personal Property Tax.		Yes	□No	l
-	9. Name and Address of Currer	nt Registered Agent		24		10. Name and Address of New I	Registered A	gent		l
ر تا ا	ero, teodosio r			81	Name					l
	SW 40TH ST			82	Street Addre	ess (P.O. Box Number is Not Accept	able)	- :		l
	MI FL 33013					<u> </u>		<u>:</u>		ŀ
MIN	WI FE 33013			83						ŀ
				84	City			85 Zip (Code	1
					•		<u> </u>			ĺ
11. Pursuant i	to the provisions of Sections 607.050 egistered agent, or both, in the State)2 and 607.1508, Florida	Statutes, the a	bove	-named corporation	oration submits this statement for the	purpose of o	:hanging its itment as re	registered) gistered	ŀ
agent. I ar	n familiar with, and accept the obliga	itions of, Section 607.05	05, Florida Stat	utes.	oorpon		• • •		Ĭ *	ĺ
SIGNATURE						<u> </u>				l
	Signature, typed or printed name of registered age		(NOTE: Registered	i Agent		when reinstating) ADDITIONS/CHANGES TO OF	DATE	n:hippert	108:W:12	=
12.		ND DIRECTORS	13.			ADDITIONS/CHANGES TO OF	FICERS AN		Addition	
TITLE	PD TEODOSIO D							onongo,		
NAME	CEPERO, TEODOSIO R		1.2 N			•			,	Ė
STREET ADDRESS	6460 SW 40TH ST				ADDRESS	· ·				;
CITY-ST-ZIP	MIAMI FL SD	DEL		TY-ST	-ZIP			Change	Addition	;
TITLE			· ·							
NAME	CARDENAS, CIRILA 6460 SW 40TH ST	~	2.2 N			<u>, </u>			. 	=
STREET ADDRESS					ADDRESS					l
CITY-ST-ZIP	MIAMI FL DVP	□ DEL		ITY-SI	I-ZIP	· · · · · · · · · · · · · · · · · · ·	<u> </u>	☐ Change	☐ Addition	ı
TITLE	CARDENAS, CARLOS R.					• "	•			l
NAME	6460 SW 40TH ST.		3.2 N		ADDRESS			•	1	1
STREET ADDRESS							• •		•	
CITY-ST-ZIP	MIAMI FL V	DEL		ITY-SI	1-217		<u>. </u>	Change	Addition	1
TITLE	CEPERO, ANA MARIA		4.2 N							
NAME	6460 S.W. 40TH ST				ADDRESS					
STREET ADDRESS					ADDRESS					ĺ
CITY-ST-ZIP	MIAMI FL 33155			TY-ST	-212	 		Change	☐ Addition	ĺ
TITLE		_ DEL	5.2 N							ĺ
NAME			4		ADDRESS		•		•	
STREET ADDRESS			1	ITY-ST						
CITY-ST-ZIP		DEL						. Change	Addition	ĺ
TITLE			6.2 N							İ
NAME					ADDRESS				بمعرر	l
STREET ADDRESS				IKEEI ITV-ST						

14. 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 annual report or supplemental annual 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 12 or Block 13 if changed, or on an attachment with an address, with all other like empowered.

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