


2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Feb 13, 2003 8:00 am
Secretary of State

02-13-2003 90222 014 ***158.75

DOCUMENT # 622089						
1. Entity Name GILANI CLEANERS, INC.						
Principal Place of Business 20000 W. DIXIE HWY NORTH MIAMI BEACH FL 33180 US			Mailing Address 17715 NW 62 PL N MIAMI FL 33015 US			
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 59-1910931		
				Applied For <input type="checkbox"/> Not Applicable		
				5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required		
6. Name and Address of Current Registered Agent				7. Name and Address of New Registered Agent		
DHARSHI, SADRU DIN 17715 NW 62 PL N MIAMI FL 33015				Name		
				Street Address (P.O. Box Number is Not Acceptable)		
				City		
				State 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. I am familiar with, and accept the obligations of registered agent.						
SIGNATURE _____ (NOTE: Registered Agent signature required when reinstating) _____ DATE _____						
FILE NOW!!! FEE IS \$150.00 After May 1, 2003 Fee will be \$550.00 Make Check Payable to Florida Department of State						
10. OFFICERS AND DIRECTORS				11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE	NAME		TITLE		NAME	
STREET ADDRESS	STREET ADDRESS		STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP	CITY-ST-ZIP		CITY-ST-ZIP		CITY-ST-ZIP	
	<input type="checkbox"/> Delete				<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE	NAME		TITLE		NAME	
STREET ADDRESS	STREET ADDRESS		STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP	CITY-ST-ZIP		CITY-ST-ZIP		CITY-ST-ZIP	
	<input type="checkbox"/> Delete				<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE	NAME		TITLE		NAME	
STREET ADDRESS	STREET ADDRESS		STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP	CITY-ST-ZIP		CITY-ST-ZIP		CITY-ST-ZIP	
	<input type="checkbox"/> Delete				<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE	NAME		TITLE		NAME	
STREET ADDRESS	STREET ADDRESS		STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP	CITY-ST-ZIP		CITY-ST-ZIP		CITY-ST-ZIP	
	<input type="checkbox"/> Delete				<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE	NAME		TITLE		NAME	
STREET ADDRESS	STREET ADDRESS		STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP	CITY-ST-ZIP		CITY-ST-ZIP		CITY-ST-ZIP	
	<input type="checkbox"/> Delete				<input type="checkbox"/> Change <input type="checkbox"/> 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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR						
DHARSHI, SADRU DIN PRES. 01/11/03 (305) 935-5429						

CR2E034 (10/02)