

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # A94000001158

1. Entity Name

SOCIETY CLEANERS, LTD.

FILED

00 FEB 15 AM 10:25

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA



DO NOT WRITE IN THIS SPACE

Principal Place of Business  
2409 WEST STATE ROAD 434  
LONGWOOD FL 32779

Mailing Address  
2409 WEST STATE ROAD 434  
LONGWOOD FL 32779-3641

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number 59-3261076

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

BELL, MICHAEL M ESQ.  
605 E. ROBINSON ST., SUITE 200  
ORLANDO FL 32801

Name Ui Nam Park

Street Address (P.O. Box Number is Not Acceptable)

2409 West S.R. 434

City Longwood

FL

Zip Code 32779

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]*

Ui Nam Park, gen. partner 1-29-00

(Signature typed or printed name of registered agent and title if applicable)

(NOTE: Registered Agent signature required when reinstating)

DATE

9. Capital Contributions as Shown on record.

\$445,500.00

10. Amount of Capital Contributions in FLORIDA to date.

11. MAKE CHECK PAYABLE TO DEPT. OF STATE  
SEE REVERSE SIDE FOR FEE INFORMATION

A GENERAL PARTNER THAT IS A BUSINESS ENTITY MUST BE REGISTERED AND ACTIVE WITH THIS OFFICE.  
NOTE: General Partners MAY NOT be changed on the form; an amendment must be filed to change a general partner.

12. GENERAL PARTNER INFORMATION

13. ADDRESS CHANGES ONLY

DOCUMENT # 595727  
NAME PETER J. PARENT INVESTORS, INC.  
STREET ADDRESS 1205 SHADY LANE  
CITY - ST - ZIP MERRITT ISLAND FL 32952

STREET ADDRESS

CITY - ST - ZIP

800003135688-6

02/15/00 01074-003

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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 report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am a General Partner of the limited partnership or the receiver or trustee empowered to execute this report as required by Chapter 620, Florida Statutes

SIGNATURE:

*[Signature]*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER

1-31-00

Date

407/862-3968

Daytime Phone #

CR2E003 (9/99)