

2000 UNIFORM BUSINESS REPORT (UBR)**DOCUMENT # F21699**

1. Entity Name

DELRAY MALL DRY CLEANERS, INC.**FILED**
Feb 10, 2000 8:00 am
Secretary of State

02-10-2000 90033 006 ***150.00



DO NOT WRITE IN THIS SPACE

Principal Place of Business

Mailing Address

1526 SOUTH FEDERAL HIGHWAY
C/O V. JAMES ROSCIGNO
DELRAY BEACH FL 33483-50321526 SOUTH FEDERAL HIGHWAY
C/O V. JAMES ROSCIGNO
DELRAY BEACH FL 33483-5032

2. Principal Place of Business

6425 CASABELLA LANE

3. Mailing Address

6425 CASABELLA LANE

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

BOCA RATON, FL

City & State

BOCA RATON, FL

4. FEI Number

59-2062785

Applied For

Not Applicable

Zip

33433

Country

USA

Zip

33433

Country

USA5. 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

ROSCIGNO, V. JAMES
1526 SOUTH FEDERAL HIGHWAY
DELRAY BEACH FL 33444

Name

Street Address (P.O. Box Number is Not Acceptable)
6425 CASABELLA LANECity
BOCA RATON**FL**Zip Code
33433

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 State10. 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 | PD | <input type="checkbox"/> Delete |
| NAME | ROSCIGNO, V. JAMES | |
| STREET ADDRESS | 1526 SO. FEDERAL HWY | |
| CITY-ST-ZIP | DELRAY BEACH FL | |
| TITLE | STD | <input type="checkbox"/> Delete |
| NAME | ROSCIGNO, MARGARET D. | |
| STREET ADDRESS | 1526 SO. FEDERAL HWY | |
| CITY-ST-ZIP | DELRAY BEACH FL | |
| TITLE | VD | <input type="checkbox"/> Delete |
| NAME | FREDERICK, CAROLYN H. | |
| STREET ADDRESS | 1526 SO. FEDERAL HWY | |
| CITY-ST-ZIP | DELRAY BEACH FL | |
| TITLE | | <input type="checkbox"/> Delete |
| NAME | | |
| STREET ADDRESS | | |
| CITY-ST-ZIP | | |
| TITLE | | <input type="checkbox"/> Delete |
| NAME | | |
| STREET ADDRESS | | |
| CITY-ST-ZIP | | |
| TITLE | | <input type="checkbox"/> Delete |
| NAME | | |
| STREET ADDRESS | | |
| CITY-ST-ZIP | | |

| | | |
|----------------|----------------------|--|
| TITLE | | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | | |
| STREET ADDRESS | 6425 CASABELLA LANE | |
| CITY-ST-ZIP | BOCA RATON, FL 33433 | |
| TITLE | | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | | |
| STREET ADDRESS | 6425 CASABELLA LANE | |
| CITY-ST-ZIP | BOCA RATON, FL 33433 | |
| TITLE | | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | | |
| STREET ADDRESS | 6425 CASABELLA LANE | |
| CITY-ST-ZIP | BOCA RATON, FL 33433 | |
| 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 |
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| CITY-ST-ZIP | | |
| 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:

Margaret D. Roscigno 2/4/00 361-391-2198

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (9/99)