5/11/01-90030-018-$150.00-$150.00

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # F94000003919

1. Entity Name
DRYCLEAN U.S.A., INC.

FILED
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

01 JUN 15 AM 9:13

B0049064

DO NOT WRITE IN THIS SPACE

Principal Place of Business	Mailing Address
1875 W. COMMERCIAL BLVD SUITE 140 FT LAUDERDALE FL 33309-3067	% DRYCLEAN USA MGMT. INC. 51 W. 135TH KANSAS CITY MO 64145

2. Principal Place of Business	3. Mailing Address
7771 W. OAKLAND BLVD	c/o DELIA'S CLEANERS
Suite, Apt. #, etc.: SUITE 201	Suite, Apt. #, etc.: 14500 NORTHSIGHT STE 216
City & State: SUNRISE FL.	City & State: SCOTTSDALE, AZ
Zip: 33351 / Country:	Zip: 85260 / Country:

4. FEI Number 93-1138698 — Applied For / Not Applicable

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
~~RODRIQUEZ, EDDIE J~~ CT CORPORATION ~~1875 W COMMERCIAL BLVD.~~ 1200 S. PINE ISLAND ROAD ~~STE 140~~ ~~FT LAUDERDALE FL 33309~~ 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: Barbara A Burke — BABARA A. BURKE, SPECIAL ASSISTANT SECRETARY — 6-14-01

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, 2001 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: PD NAME: RODRIQUEZ, EDDIE J STREET ADDRESS: 1875 W. COMMERCIAL BLVD, SUITE 140 CITY-ST-ZIP: FT LAUDERDALE FL ☒ Delete	TITLE: TREASURER NAME: PATRICK H. BOYER STREET ADDRESS: 14500 N. NORTHSIGHT STE 216 CITY-ST-ZIP: SCOTTSDALE, AZ 85260 ☐ Change ☒ Addition
TITLE: D NAME: BARRY, JAMES P STREET ADDRESS: 51 WEST 135TH ST CITY-ST-ZIP: KANSAS CITY MO ☐ Delete	TITLE: NAME: STREET ADDRESS: CITY-ST-ZIP: ☐ Change ☐ Addition
TITLE: T NAME: VADOVICKY, PAUL J STREET ADDRESS: 1875 W COMMERICAL BLVD, #140 CITY-ST-ZIP: FT LAUDERDALE FL ☒ Delete	TITLE: ASST. TREASURER NAME: 14500 N. NORTHSIGHT STE 216 STREET ADDRESS: SCOTTSDALE AZ 85260 CITY-ST-ZIP: ☒ Change ☐ Addition
TITLE: S NAME: CAVITT, BRUCE E STREET ADDRESS: 1875 W COMMERICAL BLVD, #140 CITY-ST-ZIP: FT LAUDERDALE FL ☐ Delete	TITLE: ASST. SECRETARY NAME: STREET ADDRESS: 14500 N. NORTHSIGHT BLVD STE 216 CITY-ST-ZIP: ~~KANSAS CITY MO~~ SCOTTSDALE, AZ 85260 ☒ Change ☐ Addition
TITLE: DAWN R. ATHERN NAME: SECRETARY STREET ADDRESS: 14500 N. NORTHSIGHT STE. 216 CITY-ST-ZIP: SCOTTSDALE, AZ 85260 ☐ Delete	TITLE: NAME: STREET ADDRESS: CITY-ST-ZIP: ☐ Change ☐ Addition
TITLE: DIRECTOR NAME: PHILIP A. D'ELIA STREET ADDRESS: 14500 NORTHSIGHT STE 216 CITY-ST-ZIP: SCOTTSDALE, AZ. 85260 ☐ Delete	TITLE: NAME: STREET ADDRESS: CITY-ST-ZIP: ☐ Change ☐ Addition SP

CR2E034 (10/00)

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: Paul J. Vadovicky — 4/23/01 — 480-315-2802

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #