

# 2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # G08682

1. Entity Name

L'ARCOBALENO CLEANERS CORP.

FILED

Apr 23, 2001 8:00 am  
Secretary of State

04-23-2001 90059 012 \*\*\*150.00

Principal Place of Business

2701 SW 37TH AVE.  
MIAMI FL 33133

Mailing Address

2701 SW 37TH AVE.  
MIAMI FL 33133

2. Principal Place of Business

2701 SW 32nd AVE

3. Mailing Address

3446 SW 8th St

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

MIAMI FL 33133

City & State

MIAMI FL

Zip

33133

Country

DADE

Zip

33135

Country

DADE

6. Name and Address of Current Registered Agent

SERRANO, ESMERALDA  
2701 SW 37 AVE.  
MIAMI FL 33133

7. Name and Address of New Registered Agent

Name

ESMERALDA SERRANO

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

2791 SW 32nd AVE

City

MIAMI

FL

Zip Code

33133

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, 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

TITLE PD  
NAME SERRANO, ESMERALDA  
STREET ADDRESS 2701 SW 37 AVENUE  
CITY-ST-ZIP MIAMI FL 33133 ☐ Delete

TITLE SD  
NAME PEREZ, TERESA  
STREET ADDRESS 2701 SW 37 AVENUE  
CITY-ST-ZIP MIAMI FL 33133 ☐ Delete

TITLE TD  
NAME ORCIA, LUIS  
STREET ADDRESS 2191 SW 27 LANE  
CITY-ST-ZIP MIAMI FL 33133 ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Delete

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Change ☐ Addition

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STREET ADDRESS  
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Change ☐ Addition

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

ESMERALDA SERRANO Pres. 4/13/01

Daytime Phone #

CR2E034 (10/00)