2001 UNIFORM BUSINESS REPORT (UBR)

Apr 11, 2001 8:00 am Secretary of State **DOCUMENT # G43876** 1. Entity Name PERSONAL CLEANERS, INC. 04-11-2001 90104 005 ***150.00 Principal Place of Business Mailing Address 6594 TAFT STREET 6594 TAFT STREET ログひゅうりょり HOLLYWOOD FL 33024 HOLLYWOOD FL 33024 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE City & State City & State 4. FEI Number Applied For 59-2317898 Not Applicable Zip Country Country Zip \$8.75 Additional 5. Certificate of Status Desired 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent LACO-V ROGUT, OSCAR 6594 TAFT STREET HOLLYWOOD FL 33024 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, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) 9. This corporation is eligible to satisfy its intangible FILE NOW!!! FEE IS \$150.00 10. Election Campaign Financing \$5.00 May Be Tax filing requirement and elects to do so. After MAY 1, 2001 Fee will be \$550.00 Trust Fund Contribution. П Added to Fees (See criteria on back) Make Check Payable to Department of State OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 11. 3R2E034 (10/00) TITLE Change Addition TITLE ERIC LACOV ROGUT, OSCAR NAME NAME STREET ADDRESS STREET ADDRESS 6594 TAFT STREET 6594 TAFT STREET 33024 CITY-ST-ZIP CITY-ST-ZIP HOLLYWOOD FL 33024 Delete TITLE TITLE LACOV, ERIC KAREN LACOV 6594 HAFT, STREET Hollywood, FL. 33024 NAME NAME STREET ADDRESS STREET ADDRESS 6594 TAFT STREET CITY-ST-ZIP CITY-ST-ZIP HOLLYWOOD FL 33024 TITLE **Delete** TITLE Addition ROGUT, BARBARA NAME NAME STREET ADDRESS 6594 TAFT STREET STREET ADDRESS CITY-ST-ZIP CITY-ST-7IP HOLLYWOOD FL 33024 TITLE ☐ Delete Change ☐ Addition TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete ☐ Addition TITLE ☐ Change NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Defete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/8/01 454-983-3935