

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # **H47605**

1. Entity Name  
**DENICE CLEANERS, INC.**

**FILED**  
**Jul 28, 2000 8:00 am**  
**Secretary of State**

07-28-2000 90144 012 \*\*\*550.00

Principal Place of Business C/O MUSTEBA DEMIRKOL 7748 WILES RD CORAL SPRINGS FL 33067	Mailing Address C/O MUSTEBA DEMIRKOL 7748 WILES RD CORAL SPRINGS FL 33067
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DO NOT WRITE IN THIS SPACE

2. Principal Place of Business	3. Mailing Address
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State	City & State
Zip	Country

4. FEI Number <b>57-0797098</b>	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75</b> Additional Fee Required

6. Name and Address of Current Registered Agent

**DEMIRKOL, MUSTEBA**  
**7748 WILES RD**  
**CORAL SPRINGS FL 33067**

7. Name and Address of New Registered Agent

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 \_\_\_\_\_ (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 \$550.00**  
**After SEPTEMBER 13, 2000 Min. will be \$750.00**  
**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		<input type="checkbox"/> Delete
TITLE	<b>PD</b>	<input type="checkbox"/> Delete
NAME	<b>DEMIRKOL, MUSTEBA</b>	
STREET ADDRESS	<b>7407 DOVER LA.</b>	
CITY-ST-ZIP	<b>PARKLAND FL</b>	
TITLE	<del>ST</del>	<input checked="" type="checkbox"/> Delete
NAME	<del>DEMIRKOL, LENORE</del>	
STREET ADDRESS	<del>7407 DOVER LA.</del> (RELEASED)	
CITY-ST-ZIP	<del>PARKLAND FL</del>	
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 type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		<input type="checkbox"/> Change	<input type="checkbox"/> Addition
TITLE		<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME			
STREET ADDRESS			
CITY-ST-ZIP			
TITLE		<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME			
STREET ADDRESS			
CITY-ST-ZIP			
TITLE		<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME			
STREET ADDRESS			
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: *Mustebe Demirkol* **MUSTEBA DEMIRKOL**  
PRESIDENT  
Date: **7/22/00** Daytime Phone #: **954-344-8296**