

# 2000 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Apr 13, 2000 8:00 am**  
**Secretary of State**

04-13-2000 90052 035 \*\*\*158.75

**DOCUMENT # K41779**

1. Entity Name

**EXECUTIVE STYLE CLEANERS, INC.**

Principal Place of Business

Mailing Address

~~2625 SW 87TH AVE.~~  
~~MIAMI FL 33165~~

~~2625 SW 87TH AVE.~~  
~~MIAMI FL 33165-2630~~

2. Principal Place of Business

3. Mailing Address

**9725 NW 41<sup>st</sup> St**

**9725 NW 41<sup>st</sup> St**

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

**Miami FL**

City & State

**Miami FL**

Zip

Country

**33165**

Zip

Country

**33165**

4. FEI Number

**65-0133795**

Applied For

Not Applicable

5. Certificate of Status Desired

**\$8.75** Additional Fee Required



DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

~~RÓDRIGUEZ, DIEGO~~  
~~9725 NW 41 ST.~~  
~~MIAMI FL 33178~~

Name

**Ronald De Falco Jr.**

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

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.

**FILE NOW!!! FEE IS \$150.00**  
~~After MAY 1, 2000 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	<b>P</b>	<input type="checkbox"/> Delete
NAME	<b>DE FALCO, RONALD</b>	
STREET ADDRESS	<b>30 N LA SALLE ST 2024</b>	
CITY-ST-ZIP	<b>CHICAGO IL</b>	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
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TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
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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:** **Ronald De Falco Jr.**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

**(305) 594-2332**  
 Daytime Phone #

CR2E034 (9/99)