

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # K98149

1. Entity Name  
L & L CLEANERS, INC.

**FILED**  
**Jan 20, 2000 8:00 am**  
**Secretary of State**

01-20-2000 90223 035 \*\*\*150.00

Principal Place of Business

Mailing Address

445 STATE RD 13 N  
SUITE 29  
JACKSONVILLE FL 32259

445 STATE RD 13 N  
SUITE 29  
JACKSONVILLE FL 32259-2878

2. Principal Place of Business

5230 Baymeadows Rd

3. Mailing Address

11079 River Creek Dr. E

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

Jax FL

City & State

Jacksonville FL

4. FEI Number

59-2956259

Applied For

Not Applicable

Zip

Country

32217

FL

Zip

Country

32223

FL

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

HANNOUSH, NAEL  
11079 RIVER CREEK DRIVE, EAST  
JACKSONVILLE FL 32223

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

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, 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 P  
NAME HANNOUSH, NAEL  
STREET ADDRESS 11079 RIVER CREEK DRIVE, EAST  
CITY-ST-ZIP JACKSONVILLE FL ☐ Delete

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

TITLE VS  
NAME HANNOUSH, MAJDA  
STREET ADDRESS 11079 RIVER CREEK DRIVE, EAST  
CITY-ST-ZIP JACKSONVILLE FL ☐ Delete

TITLE ☐ Change ☐ Addition  
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TITLE ☐ Change ☐ 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1-13-2000

Date

904.262.0533

Daytime Phone #

CR2E034 (9/99)