

**2003 FOR PROFIT CORPORATION  
UNIFORM BUSINESS REPORT (UBR)**

**FILED**  
**May 13, 2003 8:00 am**  
**Secretary of State**

05-13-2003 90051 034 \*\*\*158.75

**DOCUMENT # K99619**

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



Principal Place of Business  
~~561 NE 81ST ST~~ **304 NE 79 ST**  
MIAMI FL 33138  
*Miami - FL 33138*

Mailing Address  
~~561 NE 81ST ST~~ **304 NE 79 ST**  
MIAMI FL 33138  
*Miami - FL 33138*

00100007



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

CHECK HERE IF MAKING CHANGES

4. FEI Number <b>65-0139379</b>		Applied For
		Not Applicable
5. Certificate of Status Desired <input checked="" type="checkbox"/>		<b>\$8.75</b> Additional Fee Required
6. Name and Address of Current Registered Agent		7. Name and Address of New Registered Agent
DHANANI, ABDULRAHIM <del>501 NE 81ST STREET</del> <b>304 NE 79 ST</b> MIAMI FL 33138 <i>Miami FL 33138</i>		Name <b>Only add changed New add</b> Street Address (P.O. Box Number is Not Acceptable) <b>304 NE 79 ST</b> City <b>Miami - FL 33138</b> FL Zip Code <b>33138</b>

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE \_\_\_\_\_ DATE \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

**FILE NOW!!! FEE IS \$150.00**  
**After May 1, 2003 Fee will be \$550.00**  
**Make Check Payable to Florida Department of State**

9. Election Campaign Financing Trust Fund Contribution.  **\$5.00** May Be Added to Fees

10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE	<b>D</b> <input type="checkbox"/> Delete	TITLE	<b>NEW ADD</b> <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>DHANANI, ABDULRAHIM</b>	NAME	<b>304 NE 79 ST</b>
STREET ADDRESS	<del>561 N.E. 81ST STREET</del>	STREET ADDRESS	<b>304 NE 79 ST</b>
CITY-ST-ZIP	<b>MIAMI FL</b>	CITY-ST-ZIP	<b>Miami - FL 33138</b>
TITLE	<b>D</b> <input type="checkbox"/> Delete	TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>DHANANI, FATIMA A</b>	NAME	<b>Same as above</b>
STREET ADDRESS	<del>561 NE 81ST ST</del>	STREET ADDRESS	
CITY-ST-ZIP	<b>MIAMI FL</b>	CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	

CR2E034 (10/02)

12. 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: **SIGNATURE REQUIRED** *3/10.03 305 762 4733*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #