

# 2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Apr 23, 2003 8:00 am**  
**Secretary of State**

04-23-2003 90204 026 \*\*\*150.00

**DOCUMENT # L15695**

1. Entity Name  
**BRITE CLEANERS AND ALTERATIONS, INC.**



Principal Place of Business  
% **PAULINE DEARSON**  
**1815 NE 19TH AVE**  
**N. MIAMI BEACH FL 33162**  
**US**

Mailing Address  
**1815 NE 19TH AVE**  
**N. MIAMI BEACH FL 33162**  
**US**



2. Principal Place of Business  
**1815 NE 19 AVE**  
Suite, Apt. #, etc.  
**NMB**

3. Mailing Address  
**1815 NE 19 AVE**  
Suite, Apt. #, etc.  
**NMB**

City & State  
**FLA.**

City & State  
**FL**

☐ CHECK HERE IF MAKING CHANGES

Zip  
**33162**  
Country  
**Dade**

Zip  
**33162**  
Country  
**Dade**

4. FEI Number **65-0148659**

Applied For  
☐ Not Applicable

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

**DEARSON, PAULINE**  
**18115 N.E. 19TH AVENUE**  
**N. MIAMI BEACH FL 33162**

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

SIGNATURE *Pauline Dearson*  
Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

9. Election Campaign Financing  
Trust Fund Contribution. ☐

**\$5.00** May Be  
Added to Fees

**FILE NOW!!! FEE IS \$150.00**

**After May 1, 2003 Fee will be \$550.00**

**Make Check Payable to Florida Department of State**

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE **D**  
NAME **DEARSON, PAULINE**  
STREET ADDRESS **18115 NE 19TH AVENUE**  
CITY-ST-ZIP **N. MIAMI BEACH FL**  
☐ Delete

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

TITLE  
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CITY-ST-ZIP  
☐ Change ☐ Addition

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:

*Pauline Dearson*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (10/02)