

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # 142523

1. Entity Name

J.G. CLEANERS, INC.

FILED
May 15, 2000 8:00 am
Secretary of State

05-15-2000 90310 026 ***150.00

Principal Place of Business

305 N. STATE ROAD 7
HOLLYWOOD, FL 33021

Mailing Address

305 N. STATE ROAD 7
HOLLYWOOD, FL 33021

2. Principal Place of Business

C/O RAY WHITE

3. Mailing Address

C/O RAY WHITE

Suite, Apt. #, etc.

4740 SW 18 STREET

Suite, Apt. #, etc.

4740 SW 18 STREET

City & State

FT. LAUDERDALE, FL

City & State

FT. LAUDERDALE, FL

4. FEI Number

65-0167466

Applied For

Not Applicable

Zip

33317

Country

USA

Zip

33317

Country

USA

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

FORMAN, TERRY J.
1521 SW LEJEUNE ROAD
CORAL GABLES, FL 33134

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

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	NAME	STREET ADDRESS	CITY - ST - ZIP	TITLE	NAME	STREET ADDRESS	CITY - ST - ZIP
PD	GARCIA, JOHN	5201 S STATE ROAD 7	DAVIE, FL 33314				
STD	GARCIA, DONNA	5201 S STATE ROAD 7	DAVIE, FL 33314				
D	WHITE, RAYMOND D.	5201 S STATE ROAD 7	DAVIE, FL 33314				

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

Date

David the Phone #