

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # L89213

1. Entity Name

CLASSIC DRY CLEANERS, INC.

FILED
Mar 14, 2000 8:00 am
Secretary of State

03-14-2000 90074 022 ***150.00

Principal Place of Business

Mailing Address

3310 MALLARD CLOSE
POMPANO BEACH FL 33064

3310 MALLARD CLOSE
POMPANO BEACH FL 33064-2023

2. Principal Place of Business

3. Mailing Address

759 S. CYPRESS Rd.
Suite, Apt. #, etc.

5203 NW 45TH AVE
Suite, Apt. #, etc.



DO NOT WRITE IN THIS SPACE

City & State
Pompano Beach, FL

City & State
Coconut Creek, FL

4. FEI Number
59-3034379

Applied For
Not Applicable

Zip
33060

Country
USA

Zip
33073

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

O'NEIL, DONNA SZCZEBAK, ESQ
2800 W. OAKLAND PARK BLVD.
SUITE 205
FT. LAUDERDALE FL 33311

Name
Mary O'Malley
Street Address (P.O. Box Number is Not Acceptable)
6203 NW 45th Ave.
Coconut Creek, FL 33073
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 *Russell T. O'Malley* *Mary O'Malley*
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 NAME STREET ADDRESS CITY-ST-ZIP	D O'MALLEY, RUSSELL 3310 MALLARD CLOSE POMPANO BEACH FL	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete

TITLE NAME STREET ADDRESS CITY-ST-ZIP	President O'Malley, Russell 6203 NW 45th Ave Coconut Creek, FL 33073	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition

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: *Russell T. O'Malley* *Mary O'Malley*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date 2/18/00 Daytime Phone # 954-942-5755

CR2E034 (9/99)