2002 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # M09354

Country

6. Name and Address of Current Registered Agent

Signature, typed or printed name of registered agent and title if applicable.

9. This corporation is eligible to satisfy its Intangible

SIDDIQ, MOHAMMED S

16508 NE 26TH AVE., #501

N. MIAMI BEACH FL 33160

16508 NE 26TH AVE., #501

N. MIAMI BEACH FL 33160

16508 NE 25TH AVE., #501

N. MIAMI BEACH FL 33160

Tax filing requirement and elects to do so.

SIDDIQ. ARIF M

SIDDIQ, DAWOOD M

Sport

OFFICERS AND DIRECTORS

VERI-BEST DRY CLEANERS, INC.

Principal Place of Business

893 PALM AVE. HIALEAH FL 33010

Suite, Apt. #, etc.

SIDDIQ, DAWOOD

(See criteria on back)

ST

16508 NE 26TH AVE, #501' N-MIAMI BEACH FL 33160

City & State

Zip

SIGNATURE

11.

TITLE

NAME

TITLE

NAME

STREET ADDRESS

STREET ADDRESS

STREET ADDRESS

STREET ADDRESS

STREET ADDRESS

STREET ADDRESS

CITY-ST-ZIP

CITY-ST-ZIP

CITY-ST-ZIP

NAME

TITLE

TITLE

NAME

CITY-ST-71P

CITY-ST-ZIP

Mailing Address

893 PALM AVE.

HIALEAH FL 33010

Mailing Address,

Suite: Apt:##6

City & State

Country

City

FILE NOW!!! FEE IS \$150.00

After May 1, 2002 Fee will be \$550.00

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12.

TITLE

NAME

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NAME

STREET ADDRESS

STREET ADDRESS

STREET ADDRESS

STREET ADDRESS

STREET ADDRESS

CITY-ST-ZIP

CITY-ST-ZIP

CITY-ST-7IP

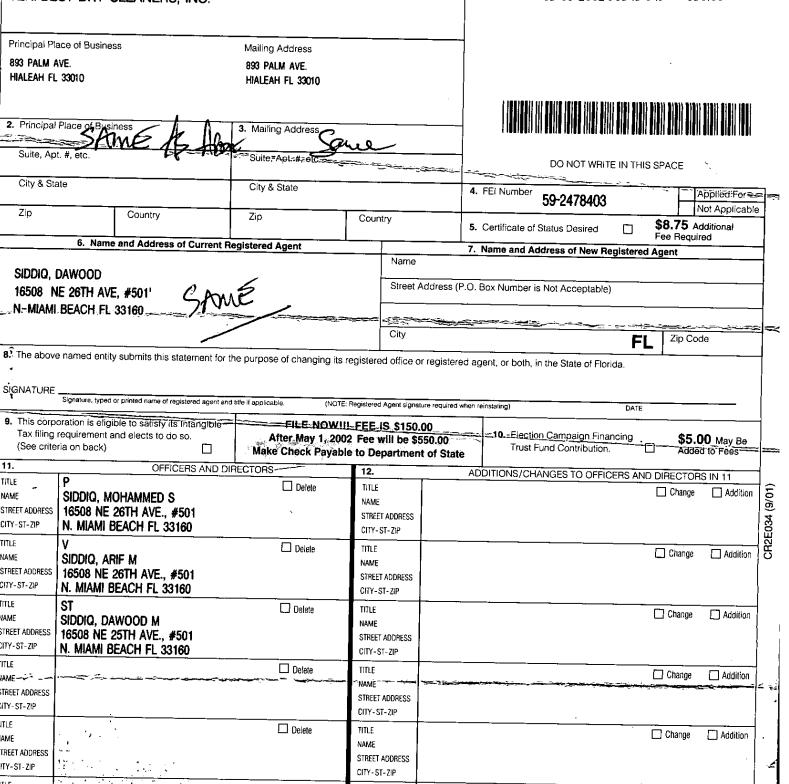
CITY-ST-ZIP

CITY-ST-ZIP

Zip

FILED May 01, 2002 8:00 am Secretary of State

05-01-2002 91545 049 ***150.00



STREET ADDRESS CITY-ST-ZIP 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:

ED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

☐ Change

Addition