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

Apr 21, 2003 8:00 am Secretary of State M09354 DOCUMENT # 04-21-2003 90328 020 ***150.00 1. Entity Name VERI-BEST DRY CLEANERS, INC. Principal Place of Business Mailing Address 893 PALM AVE. 893 PALM AVE. HIALEAH FL 33010 HIALEAH FL 33010 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. ☐ CHECK HERE IF MAKING CHANGES City & State City & State 4. FEI Number Applied For 59-2478403 Not Applicable Zip Country -Country \$8.75 Additional 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent SIDDIQ. DAWOOD Street Address (P.O. Box Number is Not Acceptable) 16508 NE 26TH AVE, #5011 N. MIAMI BEACH FL 33160 City 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 Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE FILE NOW!!! FEE IS \$150.00 9. Election Campaign Financing \$5.00 May Be After May 1, 2003 Fee will be \$550.00 Trust Fund Contribution. Added to Fees Make Check Payable to Florida Department of State OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 10 11. TITLE TITLE ☐ Addition ☐ Defete SIDDIQ, MOHAMMED S NAME NAME 16508 NE 26TH AVE., #501 STREET ADDRESS STREET ADDRESS

N. MIAMI BEACH FL 33160 CITY-ST-ZIP CITY-ST-ZIP Change ☐ Delete TITLE TITLE ☐ Addition SIDDIQ, ARIF M NAME NAME 16508 NE 26TH AVE., #501 STREET ADDRESS STREET ADDRESS CITY-ST-ZIP N. MIAMI BEACH FL.33160 CITY-ST-ZIP ST 🔽 TITLE ☐ Delete TITLE ☐ Change Addition SIDDIQ, DAWOOD M NAME NAME 16508 NE 25TH AVE., #501 STREET ADDRESS STREET ADDRESS CITY-ST-ZIP N. MIAMI BEACH FL-33160 CITY-ST-ZIP ☐ Delete TITLE ☐ Change ■ Addition TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE Change ■ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP

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 received or illustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 10 or Block 11 if of the corporation or the receive changed, or on an attachment address, with all other like empowered.

TITLE

NAME

STREET ADDRESS

CITY-ST-7IP

TITLE

NAME STREET ADDRESS

CITY-ST-7IP

☐ Delete

Addition

☐ Change

FILED

CR2E034 (10/02)