

2006 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED

Apr 17, 2006 08:00 AM
Secretary of State

DOCUMENT # M36801

1. Entity Name

UNIVERSITY DRYCLEANERS, INC.

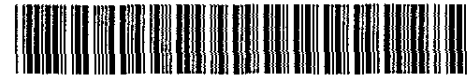


Principal Place of Business

100 S UNIVERSITY DR
PEMBROKE PINES FL 33025
US

Mailing Address

100 S. UNIVERSITY DR.
PEMBROKE PINES FL 33025



2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

1st MOORE

CR2E034 (10/05)

City & State

City & State

4. FEI Number

59-2702999

Applied For

Not Applicable

Zip

Country

Zip

Country

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

MOGILEVSKY, LILIANA
18434 NORTHWEST 10 STREET
PEMBROKE PINES FL 33029

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

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

(NOTE: Registered Agent signature required when re-registered)

DATE

FILE NOW!!! FEE IS \$150.00

After May 1, 2006 Fee Will Be \$550.00

Make Check Payable to Florida Department of State

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ☐ Delete
NAME S
STREET ADDRESS MOGILEVSKY, LILIANE
CITY-ST-ZIP 18434 NW 10 ST.
PEMBROKE PINES FL

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS 000000512097
CITY-ST-ZIP 04/29/06-80074-015 150.00

TITLE ☐ Delete
NAME P
STREET ADDRESS MOGILEVSKY, LEON
CITY-ST-ZIP 18434 NW 10 STREET
PEMBROKE PINES FL

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

TITLE ☐ Delete
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CITY-ST-ZIP

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

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 119, 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: Liliana G. Mogilevsky Secretary

4/14/06 974 437081

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #