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2001 UNIFORM BUSINESS REPORT (UBR)

FILED
May 19, 2001 8:00 am
Secretary of State
04-30-2001 90125 030 ***150.00

DOCUMENT # P00000018873

1. Entity Name
SNOWHITE DRY CLEANERS, INC.

Principal Place of Business
~~1502 WEST FLETCHER AVE.,STE.101~~
~~TAMPA FL 33612~~
14546 BRUCE B. DOWNS BLVD
TAMPA, FLA. 33613

Mailing Address
~~1502 WEST FLETCHER AVE.,STE.101~~
~~TAMPA FL 33612~~
SAME.

- 40212

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business
Suite, Apt. #, etc.
City & State
Zip | Country

3. Mailing Address
Suite, Apt. #, etc.
City & State
Zip | Country

4. FEI Number 59-3645457 — Applied For / Not Applicable

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent
~~FARR, JAMES G~~
~~1502 WEST FLETCHER AVE.,STE.101~~
~~TAMPA FL 33612~~

7. Name and Address of New Registered Agent
Name: MASOOD K KHAN
Street Address (P.O. Box Number is Not Acceptable): 4809 E. BUSCH BLVD #202
City: TAMPA FL. Zip Code: 33617

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] 5/16/01
Signature typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when resigning) 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, 2001 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 D ☐ Delete NAME KHAN, MASOOD K STREET ADDRESS ~~4815~~ 4809 EST BUSCH BLVD.,STE.~~208K~~ 202 CITY-ST-ZIP TAMPA FL 33617	TITLE ☐ Change ☐ Addition NAME STREET ADDRESS CITY-ST-ZIP
TITLE D ☐ Delete NAME KHAN, NANCY C STREET ADDRESS ~~4815~~ 4809 EST BUSCH BLVD.,STE.~~208K~~ 202 CITY-ST-ZIP TAMPA FL 33617	TITLE ☐ Change ☐ Addition NAME STREET ADDRESS CITY-ST-ZIP
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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: [signature] 4-12-01 (813)9857899
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

CR2E034 (10/00)