## 2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

## **DOCUMENT #**

P00000028568

1. Entity Name

CORPORATE DRY CLEANERS INC.



## **FILED** Jan 17, 2003 8:00 am Secretary of State 01-17-2003 90116 032 \*\*\*150.00

TITLE NAME NAME STREET ADDRESS DITY-ST-ZIP TITLE MAME STREET ADDRESS STREET ADDRES				A SWE TEN	/
Sulle, Apt. #, pto.  Sulle, Apt. #, pto.  City & State  Ci	1 SE 3RD AVENUE SUITE 408		1 SE 3RD AVENUE SUITE 408		I IZANIAAN UU ZAINI AANI ARUU GAINI AZUU ARUU ARUU ARUU ARUU AURAN ARUU ARUU A
City & State  Ci	2. Principal	Place of Business	3. Mailing Address		<u> </u>
City & State  City & State  City & State  City & State  Country  Country  Country  Country  Country  Country  Country  S. Certificate of Status Desired  See Required  For Large  Street Address (P.O. Box Number is Not Acceptable)  City  FL Zip Code  City  FL Now Number is Not Acceptable)  Street Address of registered agent, or both, in the State of Florids. Far familiar with, and accept the negligations of registered agent, or both, in the State of Florids. Far familiar with, and accept the negligation of registered agent, or both, in the State of Florids. Far familiar with, and accept the negligation of registered agent, or both, in the State of Florids. Far familiar with, and accept the negligation of registered agent, or both, in the State of Florids. Far familiar with, and accept the negligation of registered agent, or both, in the State of Florids. Far familiar with, and accept the negligation of registered agent, or both, in the State of Florids. Far familiar with, and accept the negligation of registered agent, or both, in the State of Florids. Far familiar with, and accept the negligation of registered agent, or both, in the State of Florids. I am familiar with, and accept the negligation of registered agent, or both, in the State of Florids. I am familiar with, and accept the negligation of registered agent, or both, in the State of Florids. I am familiar with, and accept the negligation of registered agent, or both, in the State of Florids. I am familiar with, and accept the negligation of registered agent, or both, in the State of Florids. I am familiar with, and accept the negligation of registered agent, or both, in the State	Suite, Ap	t. #, etc.	Suite, Apt. #, etc.		
Zip Country 8, REPAILINGS 65-0995261   Applicable Not Applicable Not Applicable States of Status Desired   \$8.75 Additional Feet Programme	City & State				☐ CHECK HERE IF MAKING CHANGES
B. Name and Address of Current Registered Agent.  B. Name and Address of New Registered Agent.  GUTIERREZ, DOLAULA  1 SE 3RD AVENUE SUITE 408 MIAMI FL 33131  City  FL  City  FL  Zip Code  Addice  Financia			City & State		65-0995261
GUTERREZ, DOLALIA 1 SE 3RD AVENUE SUITE 408 MIAMI FL 33131  6. The above named entity submits this statement for the purpose of changing its registered object on registered agent, or both, in the State of Florids. Fam familiar with, and accept the collipations of registered agent, or both, in the State of Florids. Fam familiar with, and accept the collipations of registered agent, or both, in the State of Florids. Fam familiar with, and accept the collipations of registered agent, or both, in the State of Florids. Fam familiar with, and accept the collipations of registered agent, or both, in the State of Florids. Fam familiar with, and accept the collipations of registered agent, or both, in the State of Florids. Fam familiar with, and accept the collipations of registered agent, or both, in the State of Florids. Fam familiar with, and accept the collipations of registered agent, or both, in the State of Florids. Fam familiar with, and accept the collipations of registered agent, or both, in the State of Florids. Fam familiar with, and accept the collipations of registered agent, or both, in the State of Florids. Fam familiar with, and accept the collipations of registered agent, or both, in the State of Florids. Fam familiar with, and accept the collipations of registered agent, or both, in the State of Florids. Fam familiar with, and accept the collipations of registered agent, or both, in the State of Florids. Fam familiar with, and accept the collipations of registered agent, or both, in the State of Florids. Fam familiar with, and accept the collipations of registered agent, or both, in the State of Florids. Fam familiar with, and accept the collipations of Florids agent agen	Zip	Country	Zip	Country	5. Certificate of Status Desired \$8.75 Additional
GUTIERREZ, DOLALIA 1 SE 3RD AVENUE SUITE 408  MAMM FL 33131  City FL Zip Code  City		6. Name and Address of Current	Registered Agent		
Street Addross (P.O. Box Number is Not Acceptable)  Street Addross (P.O. Box Number is Not Acceptable)  Gity  FL  Zip Code  Other  Other power named entity submits this statement for the purpose of changing its registered agent, or both, in the State of Florids. I am familiar with, and accept the obligations of registered agent, or both, in the State of Florids. I am familiar with, and accept the obligations of registered agent, or both, in the State of Florids. I am familiar with, and accept the obligations of registered agent, or both, in the State of Florids. I am familiar with, and accept the obligations of registered agent, or both, in the State of Florids. I am familiar with, and accept the obligations of registered agent, or both, in the State of Florids. I am familiar with, and accept the obligations of registered agent, or both, in the State of Florids. I am familiar with, and accept the obligations of registered agent, or both, in the State of Florids. I am familiar with, and accept the obligations of registered agent, or both, in the State of Florids. I am familiar with, and accept the obligations of registered agent, or both, in the State of Florids. I am familiar with, and accept the obligations of registered agent, or both, in the State of Florids. I am familiar with, and accept the obligations of registered agent, or both, in the State of Florids. I am familiar with, and accept the obligations of registered agent, or both, in the State of Florids. I am familiar with, and accept the obligations of registered agent, or both, in the State of Florids. I am familiar with, and accept the obligations of registered agent, or both, in the State of Florids. I am familiar with, and accept the obligations of registered agent, or both, in the State of Florids. I am familiar with, and accept the obligations of registered agent, or both, in the State of Florids. I am familiar with, and accept the obligations of registered agent, of floor in the State of Florids. I am familiar with, and accept the obligations of				Name	The Actions of Act Hegistere Agent
SUITE 408 MIAMI FL 33131  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 Florids. I am familiar with, and accept the obligations of registered agent.  SIGNATURE  SIGNATURE  FILE NOW!!! FEE IS \$15,000  1. After May 1, 2003 Fee with 6s. \$550.00  Make Check Payable to Florida Department of State  OFFICER AND DIRECTORS  1. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11  THE MANE  STREET ADDRESS  CITY-S1-Zip  MIAMI FL 33131  THE  GUTTERREZ, GABRIEL  1. SE 3RD AVENUE SUITE 408  MIAMI FL 33131  THE  M				Ctroot Address	, , , , , , , , , , , , , , , , , , ,
MIAMI FL 33131  City FL Zip Code  8. The above named entity submits this statement for the purpose of changing its registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.  SIGNATURE    Consume in front or printed name of legistered agent and title of acceptable.   MOTE Registered Agent algorithms required when revisating)   DATE				Street Address	s (P.O. Box Number is Not Acceptable)
6. 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. It am familiar with, and accept the obligations of registered agent, or both, in the State of Florida. It am familiar with, and accept state o					
The above named entity submits this statement for the purpose of changing its registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.    File NoW!!  FEE   \$150.00	MIAMI FL	L 33131		City	Zio Code
SIGNATURE    Signature   Signa	8. The above	named entity submits this statement (-	- Alba		
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Make Check Payable to Florida Department of State  10. OFFICERS AND DIRECTORS 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11  TITLE NAME STREET ADDRESS OTTY-ST-ZIP  TITLE NAME ANAME AL SE SRID AVENUE SUITE 408 MIAMI FL 33131  TITLE NAME ANAME STREET ADDRESS OTTY-ST-ZIP  TITLE NAME ANAME STREET ADDRESS OTTY-ST-ZIP  TITLE NAME STREET ADDRESS OTTY-ST-ZIP  TITLE N	a Afte	r May 1, 2003 Fee will be \$550 nn			9. Election Campaign Financing
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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 changed, or on an attachment with an address, with all other like empowered. (305) 6533375

SIGNATURE: