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FILED

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P0000047177 1. Entity Name MR. DRY SOLUTION INC.					Apr 10, 2001 8:00 am Secretary of State 03-16-2001 90010 028 ***150.00				
Principal Place 1920 LIGHTHOUS COCONUT CREE	SE CIRCLE #O	Mailing Address 4920 LIGHTHOUSE CIRCLE #O COCONUT CREEK FL 33063							
			1		1334 (3)1 (1)1 (1)1 (1)1 (1)1 (1)	ISH ARNI DUK BUK BEK			
1014	HE 32 nd COURT	3. Mailing Address							
Suite, Apt. #	, etc.	Suite, Apt. #, etc.			00 NO	T WRITE IN THIS SF	ACE		_
POMBANO BEACH - FL		City & State		4. FEI				Applicable	
33.06	Country	Zip	Country	.5. Ce	tificate of Status De		8.75 Addi ee Required		
	6. Name and Address of Current I	Registered Agent	Name -	7. Nai	me and Address of	New Registered A	gent		1
DANT	AS, ERICK		<i></i>	WITS					-
4920	Street Address	VE BOX		eptable)]		
COCC	ONUT CREEK FL 33063				·- /				
			City tomp	ANO	BEACH	<u>FL</u>	ZiSS S	264	
8. The above	named entity submits this statement for Sdaucers Significe, typed or printed name of registered agent a	or Manten.	registered office of regist			OZ/1	9/0/		
Tax filing re	ration is eligible to satisfy its Intangible equirement and elects to do so. ia on back)	After MAY 1, 20	!! FEE IS \$150.00 01 Fee will be \$550.00 de to Department of S		10. Election Camp Trust Fund Cor			May Be to Fees	
11.	OFFICERS AND		12.	ADD	TIONS/CHANGES	TO OFFICERS AND] =
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DANTAS, ERICK 4920 LIGHTHOUSE CIRCLE #0 COCONUT CREEK FL 33063	☐ Delete	THEE NAME SIREET ADDRESS CITY-ST-ZIP				☐ Change	☐ Addition	CR2E034 (10/00)
TITLE NAME STREET ADDRESS	V DANTAS, CYNTHIA W 4920 LIGHTHOUSE CIRCLE #O	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP				Change	Addition	88
CITY-ST-ZIP TITLE NAME STREET ADDRESS	COCONUT CREEK FL 33063	☐ Delete	TITLE NAME STREET ADDRESS			The second of th	Change	Addition	
CITY-ST-ZIP TITLE		Delete	CITY-ST-ZIP				☐ Change	Addition	-
NAME STREET ADDRESS CITY-ST-ZIP			NAME STREET ADDRESS CITY-ST-ZIP						
NAME STREET ADDRESS		☐ Delete	TITLE NAME STREET ADDRESS	-			☐ Change	☐ Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP				☐ Change	Addition	
indicated of the co changed	certify that the information supplied wit d on this report or supplemental report imporation or the receiver or trustee emp t, or on an attachment with an address,	is true and accurate and that sowered to execute this repor	my signature shall have to Las required by Chapter	Section 1 ne same le 607, Florid	19.07(3)(i), Florida S gal effect as if made a Statutes; and that	statutes. I further cert e under oath; that I a my name appears in	tify that the i	nformation or director r Block 12 if	
SIGNAT	TURE: SIGNATURE AND TYPED OR	PRINTED NAME OF SIGNING OFFICE	O) •		∞//)/()	1 (729	aytime Phone #	yaya	