2001 UNIFORM BUSINESS REPORT (UBR) FILED Mar 27, 2001 8:00 am DOCUMENT # P00000059840 1. Entity Name Secretary of State Sunny Isles Dry Cleaners 03-27-2001 90315 031 ***150.00 Principal Place of Business Mailing Address 18184 COLLINS AVE. 18184 COLLINS AVE. SUNNY ISLES BEACH SUNNY ISLES BEACH A0038320 FL.33160 FL. 33160 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE City & State City & State 4. FEI Number Applied For Not Applicable 65-1038906 Zip Country Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent DIANA SCHONBERG Street Address (P.O. Box Number is Not Acceptable) DANIEL SCHONBERG 19380 COLLINS AVE # 526 18184 COLLINS AVE SUNNY ISLES BEACH, FL 33160 SUNNY ISLES BEACH, FL City Zip Code FLORIDA 33160 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, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) FILE NOW!!! FEE IS \$150.00 9. This corporation is eligible to satisfy its Intangible 10. Election Campaign Financing \$5.00 May Be Tax filing requirement and elects to do so. After MAY 1, 2001 Fee will be \$550.00 Trust Fund Contribution. Added to Fees (See criteria on back) Make Check Payable to Department of State 11. OFFICERS AND DIRECTORS 12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 Change TITLE TITLE ☐ Addition CR2E034 (11/00) Delete DANIEL SCHONBERG DIANA SCHONBERG NAME 19380 COLLINS AVE #526 STREET ADDRESS STREET ADDRESS 18184 COLLINS AVE CITY-ST-ZIP CITY-ST-ZIP SUNNY ISLES BCH, FL 33160 SUNNY ISLES BEACH, FL 33160 TITLE ☐ Delete TITLE Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-7IP CITY-ST-7IP TITLE Delete TITLE Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Change ☐ Addition ☐ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete ☐ Change Addition TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Change ☐ Addition TITLE ☐ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-7IP CITY-ST-ZIP 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.