

**2001 UNIFORM BUSINESS REPORT (UBR)****DOCUMENT #**

P00000059840

1. Entity Name

*Sunny Isles Dry Cleaners, Inc***FILED**  
**Mar 27, 2001 8:00 am**  
**Secretary of State**

03-27-2001 90315 031 \*\*\*150.00

**A0038320**

|                                                      |                                                      |
|------------------------------------------------------|------------------------------------------------------|
| Principal Place of Business                          | Mailing Address                                      |
| 18184 COLLINS AVE.<br>SUNNY ISLES BEACH<br>FL. 33160 | 18184 COLLINS AVE.<br>SUNNY ISLES BEACH<br>FL. 33160 |

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City &amp; State

City &amp; State

Zip

Country

Zip

Country

4. FEI Number

65-1038906

Applied For

Not Applicable

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

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

**DANIEL SCHONBERG**  
18184 COLLINS AVE  
SUNNY ISLES BEACH, FL 33160

7. Name and Address of New Registered Agent

Name

**DIANA SCHONBERG**

Street Address (P.O. Box Number is Not Acceptable)

**19380 COLLINS AVE # 526****SUNNY ISLES BEACH, FL.**

City

**FLORIDA****FL**

Zip Code

**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)

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

|                |                                    |                                            |
|----------------|------------------------------------|--------------------------------------------|
| TITLE          | <b>DANIEL SCHONBERG</b>            | <input checked="" type="checkbox"/> Delete |
| NAME           |                                    |                                            |
| STREET ADDRESS | <b>18184 COLLINS AVE</b>           |                                            |
| CITY-ST-ZIP    | <b>SUNNY ISLES BEACH, FL 33160</b> |                                            |

|                |  |                                 |
|----------------|--|---------------------------------|
| TITLE          |  | <input type="checkbox"/> Delete |
| NAME           |  |                                 |
| STREET ADDRESS |  |                                 |
| CITY-ST-ZIP    |  |                                 |

|                |  |                                 |
|----------------|--|---------------------------------|
| TITLE          |  | <input type="checkbox"/> Delete |
| NAME           |  |                                 |
| STREET ADDRESS |  |                                 |
| CITY-ST-ZIP    |  |                                 |

|                |  |                                 |
|----------------|--|---------------------------------|
| TITLE          |  | <input type="checkbox"/> Delete |
| NAME           |  |                                 |
| STREET ADDRESS |  |                                 |
| CITY-ST-ZIP    |  |                                 |

|                |  |                                 |
|----------------|--|---------------------------------|
| TITLE          |  | <input type="checkbox"/> Delete |
| NAME           |  |                                 |
| STREET ADDRESS |  |                                 |
| CITY-ST-ZIP    |  |                                 |

|                |  |                                 |
|----------------|--|---------------------------------|
| TITLE          |  | <input type="checkbox"/> Delete |
| NAME           |  |                                 |
| STREET ADDRESS |  |                                 |
| CITY-ST-ZIP    |  |                                 |

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

|                |                                  |                                                                              |
|----------------|----------------------------------|------------------------------------------------------------------------------|
| TITLE          | <b>DIANA SCHONBERG</b>           | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME           |                                  |                                                                              |
| STREET ADDRESS | <b>19380 COLLINS AVE #526</b>    |                                                                              |
| CITY-ST-ZIP    | <b>SUNNY ISLES BCH, FL 33160</b> |                                                                              |

|                |  |                                                                   |
|----------------|--|-------------------------------------------------------------------|
| TITLE          |  | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME           |  |                                                                   |
| STREET ADDRESS |  |                                                                   |
| CITY-ST-ZIP    |  |                                                                   |

|                |  |                                                                   |
|----------------|--|-------------------------------------------------------------------|
| TITLE          |  | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME           |  |                                                                   |
| STREET ADDRESS |  |                                                                   |
| CITY-ST-ZIP    |  |                                                                   |

|                |  |                                                                   |
|----------------|--|-------------------------------------------------------------------|
| TITLE          |  | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME           |  |                                                                   |
| STREET ADDRESS |  |                                                                   |
| CITY-ST-ZIP    |  |                                                                   |

|                |  |                                                                   |
|----------------|--|-------------------------------------------------------------------|
| TITLE          |  | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME           |  |                                                                   |
| STREET ADDRESS |  |                                                                   |
| CITY-ST-ZIP    |  |                                                                   |

|                |  |                                                                   |
|----------------|--|-------------------------------------------------------------------|
| TITLE          |  | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME           |  |                                                                   |
| STREET ADDRESS |  |                                                                   |
| 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.

SIGNATURE:

*DIANA SCHONBERG*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

03-19-01

Date

305-466-5641

Daytime Phone #

CR2E034 (11/00)