

# 2001 UNIFORM BUSINESS REPORT (UBR)

5/1

**FILED**  
**May 31, 2001 8:00 am**  
**Secretary of State**

05-12-2001 90014 041 \*\*\*150.00

**DOCUMENT # P00000070546**

1. Entity Name

CLE-DRY CLEANERS, INC.

Principal Place of Business

7770 WEST OAKLAND PARK BLVD., #320  
 SUNRISE FL 33351

Mailing Address

7770 WEST OAKLAND PARK BLVD., #320  
 SUNRISE FL 33351

2. Principal Place of Business

7481 W. OAKLAND PK BLVD

Suite, Apt. #, etc.

301

City & State

LAUDERHILL

Zip

33319

Country

3. Mailing Address

7481

Suite, Apt. #, etc.

301

City & State

LAUDERHILL

Zip

33319

Country

4. FEI Number

65-1027078

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional  
 Fee Required

6. Name and Address of Current Registered Agent

DESARITZ, CHERYL

7770 WEST OAKLAND PARK BLVD., #320  
 SUNRISE FL 33351

7. Name and Address of New Registered Agent

Name

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

7481 W OAKLAND PK BLVD

# 301

City

LAUDERHILL

FL

Zip Code

33319

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. PRES OFFICERS AND DIRECTORS

TITLE	LEWIS DESARITZ	<input type="checkbox"/> Delete
NAME	10730 NW 16 CT.	
STREET ADDRESS	PLANTATION, FL 33322	
CITY-ST-ZIP		
TITLE	VP Pres & DIRECTOR	<input type="checkbox"/> Delete
NAME	CHERYL DESARITZ	
STREET ADDRESS	10730 NW 16 CT.	
CITY-ST-ZIP	PLANTATION FL 33322	
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		<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
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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:

*Cheryl Desaritz*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/30/01 (954) 742-6677

Date

Daytime Phone #

CR2ED34 (10/00)