

**2001 UNIFORM BUSINESS REPORT (UBR)****DOCUMENT # P00000081887**

1. Entity Name

**BENNETT'S DRY CLEANERS, INC.****FILED****01 SEP 27 AM 9:15**

Principal Place of Business

**1722 NW 97TH TERRACE  
CORAL SPRINGS FL 33071**

Mailing Address

**1722 NW 97TH TERRACE  
CORAL SPRINGS FL 33071**

2. Principal Place of Business

**BENNETT'S DRY CLEANERS**

3. Mailing Address

**3419 W. OAKLAND PARK BL**

Suite, Apt. #, etc.

Suite, Apt. #, etc.

DO NOT WRITE IN THIS SPACE

City &amp; State

**LAUDERDALE LAKE, FL**

City &amp; State

**LAUDERDALE LAKE, FL**

4. FEI Number

**65-1034548**

Applied For

Not Applicable

Zip

**33319**

Country

**FL**

Zip

**33319**

Country

**FL**

5. Certificate of Status Desired

☐**\$8.75 Additional**

Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**BENNETT, BIRKLEY****1722 NW 97TH TERRACE****CORAL SPRINGS FL 33071**

Name

**BIRKLEY BENNETT**

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

**3419 W. OAKLAND PARK BL**

City

**LAUDERDALE LAKE**

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

*Birkley Bennett*

(NOTE: Registered Agent signature required when reinstating)

DATE

*9/6/01*

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 \$550.00 ✓****After September 12, 2001 Fee will be \$750.00****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 | NAME             | STREET ADDRESS       | CITY-ST-ZIP            | <input type="checkbox"/> Delete |
|-------|------------------|----------------------|------------------------|---------------------------------|
| D     | BENNETT, BIRKLEY | 1722 NW 97TH TERRACE | CORAL SPRINGS FL 33071 | <input type="checkbox"/>        |

| TITLE | NAME          | STREET ADDRESS       | CITY-ST-ZIP            | <input type="checkbox"/> Delete |
|-------|---------------|----------------------|------------------------|---------------------------------|
| D     | BENNETT, ROSE | 1722 NW 97TH TERRACE | CORAL SPRINGS FL 33071 | <input type="checkbox"/>        |

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

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

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

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|       |      |                |             | <input type="checkbox"/>        |

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|       |      |                |             | <input type="checkbox"/>        |

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|-------|------|----------------|-------------|---------------------------------|
|       |      |                |             | <input type="checkbox"/>        |

13. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(l), 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

*Ston*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

*9/6/01*

Date

*954-714-8007*

Daytime Phone #

CR2E034 (5/01)

600004621036

-10/03/01

\*\*\*400.00

LS