

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P00000094015

1. Entity Name

A-Z CLEANING & SEALERS, INC.

FILED

May 02, 2001 8:00 am
Secretary of State

05-02-2001 90210 020 ***150.00

Principal Place of Business

517 S.W. FIRST AVENUE
FORT LAUDERDALE FL 33301

Mailing Address

517 S.W. FIRST AVENUE
FORT LAUDERDALE FL 33301

2. Principal Place of Business

4345 NE 12 Terrace

Suite, Apt. #, etc.

3. Mailing Address

4345 NE 12 Terrace

Suite, Apt. #, etc.

City & State

Ft. Lauderdale, FL

City & State

Ft. Lauderdale, FL

4. FEI Number

65-1049767

Applied For

Not Applicable

Zip

33334

Country

U.S.A.

Zip

33334

Country

U.S.A.

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

COHEN, MICHAEL J
517 S.W. FIRST AVENUE
FORT LAUDERDALE FL 33301

Name

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

City

FL

Zip Code

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)

4/26/01

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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE **D** ☒ Delete
NAME **COHEN, MICHAEL J**
STREET ADDRESS **517 S.W. FIRST AVENUE**
CITY-ST-ZIP **FORT LAUDERDALE FL 33301**

TITLE **DPS** ☐ Change ☒ Addition
NAME **Robert Stewart**
STREET ADDRESS **12850 State Road 84, Suite 1826**
CITY-ST-ZIP **Davie, FL 33325**

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE **DVPT** ☐ Change ☒ Addition
NAME **Robert P. Kornahrens**
STREET ADDRESS **4345 NE 12 Terrace**
CITY-ST-ZIP **Ft. Lauderdale, FL 33334**

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
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CITY-ST-ZIP

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TITLE ☐ Change ☐ 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

2/22/2001

Daytime Phone #

CR2E034 (10/00)