

# 2001 UNIFORM BUSINESS REPORT (UBR)

4/2

**FILED**  
**May 23, 2001 8:00 am**  
**Secretary of State**

04-27-2001 90406 005 \*\*\*150.00

**DOCUMENT # P00000110984**

1. Entity Name

**AMERICAS BEST CLEANERS AND LAUNDRY, INC.**

Principal Place of Business

Mailing Address

2591 WEST 73 PLACE  
HIALEAH FL 33016

2591 WEST 73 PLACE  
HIALEAH FL 33016

2. Principal Place of Business

**2591 W 73 PLACE**

3. Mailing Address

**2591 W 73 PLACE**

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

**HIALEAH FL**

City & State

**HIALEAH FL**

Zip

**33016**

Country

**USA**

Zip

**33016**

Country

**USA**

4. FEI Number

**APPLIED FOR**

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent

**DAMAS, MANUEL**  
**5350 NORTHWEST 174 DRIVE**  
**MIAMI FL 33055**

7. Name and Address of New Registered Agent

Name **MANUEL DAMAS**

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

**5350 NW 174 DR**

City **MIAMI**

**FL**

Zip Code

**33055**

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]*

(NOTE: Registered Agent signature required when reinstating)

DATE

**4/14/01**

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 \$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 **PRESIDENT** ☐ Delete  
NAME **MANUEL DAMAS**  
STREET ADDRESS **5350 NW 174 DR.**  
CITY-ST-ZIP **MIAMI FL 33055**

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
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CITY-ST-ZIP

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CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

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

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

TITLE ☐ Change ☐ Addition  
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CITY-ST-ZIP

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]*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**4/15/01**

Date

**305-318-2462**  
Daytime Phone #

CR2E034 (10/00)