FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
May 28, 2002 8:00 am
Secretary of State
05-28-2002 91758 019 ***150.00

DOCUMENT # P01000003184

1. Entity Name
LEGACY DRY CLEANING COMPANY

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business	3. Mailing Address
10240 NW 47th STREET	2514 HOLLYWOOD BLVD
Suite, Apt #, etc #24	Suite, Apt #, etc #508
City & State SUNRISE, FL	City & State HOLLYWOOD, FL
Zip 33351 Country	Zip 33020 Country

DO NOT WRITE IN THIS SPACE

4. FEI Number 65-1065270 ☐ Applied For ☐ Not Applicable

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

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7. Name and Address of Current Registered Agent
Name CORPORATE CREATIONS NETWORK, INC.
Street Address (P.O. Box Number is Not Acceptable) 941 FOURTH STREET
SUITE # 200
City MIAMI FL Zip Code 33139

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 ______________________________ Date

9. This corporation is eligible to satisfy its Intangible Tax filing requirements and elects to do so (See criteria on back) ☐

January 1 - May 1 Fee is $150.00
After May 1, Fee is $550.00
Amended UBR is $61.25
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	D
NAME	GORMAN, MICHAEL
STREET ADDRESS	10240 NW 47th STREET SUITE #24
CITY-ST-ZIP	SUNRISE, FL 33351
TITLE	D
NAME	SMITH, LAURA
STREET ADDRESS	10240 NW 47th STREET SUITE #24
CITY-ST-ZIP	SUNRISE, FL 33351

DO NOT WRITE IN THIS SPACE

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 on an attachment with an address, with all other like empowered.

SIGNATURE: M. Gorman Michael Gorman
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #