

2002 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P01000019676

1. Entity Name
PATS DRYCLEANING, INC.

Principal Place of Business
4275A OKEECHOBEE BLVD STE A
WEST PALM BEACH FL 33409

Mailing Address
4275A OKEECHOBEE BLVD STE A
WEST PALM BEACH FL 33409

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

65 107 9913

Applied For
☒ Not Applicable

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

SCHWARTZ, ALAN L
855 SOUTH FEDERAL HWY #205
BOCA RATON FL 33432

Name: ~~Pats Drycleaning Inc~~
Street Address (P.O. Box Number is Not Acceptable):
4275A OKEECHOBEE BLVD STE A
City: WEST PALM BEACH FL 33409

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: *Alan L Schwartz*
Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent Signature required when reinstating)

DATE

2/10/02

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, 2002 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 NAME STREET ADDRESS CITY-ST-ZIP	President Patel Patel Rajeonwar 3100 Delray Beach Blvd Delray Beach, FL 33432	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	Vice President Patel Rajeonwar 3100 Delray Beach Blvd Delray Beach, FL 33432	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP		TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition

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: *Alan L Schwartz*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/7/02

686 2212

Date

Display Phone #

DO NOT WRITE IN THIS SPACE



25150

FILED
Apr 24, 2002 8:00 am
Secretary of State

01-14-2002 90050 030 ***150.00

CR2004 (9/01)