

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 17, 2003 8:00 am
Secretary of State

04-17-2003 90146 025 ***150.00

DOCUMENT # P01000031859

1. Entity Name
TATRA CLEANING CORP.



Principal Place of Business
11405 N.W. 7TH STREET #201
MIAMI FL 33172

Mailing Address
11405 N.W. 7TH STREET #201
MIAMI FL 33172

2. Principal Place of Business
11405 N.W. 7TH STREET
Suite, Apt. #, etc.
#201

3. Mailing Address
11405 N.W. 7TH STREET
Suite, Apt. #, etc.
#201

City & State
MIAMI, FL

City & State
MIAMI, FL

Zip
33172

Country
DADE

Zip
33172

Country

4. FEI Number **65-1087601**

Applied For
Not Applicable

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

☐ CHECK HERE IF MAKING CHANGES

6. Name and Address of Current Registered Agent

PASEK, MICHAEL D
4851 85TH AVENUE
PINELLAS PARK FL 33781

7. Name and Address of New Registered Agent

Name **CHOCHOLAK JOZEF**
Street Address (P.O. Box Number is Not Acceptable)
11405 N.W. 7TH STREET #201
City **MIAMI** FL Zip Code **33172**

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE **[Signature]** **PRESIDENT JOZEF CHOCHOLAK 4/14/03**
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

FILE NOW!!! FEE IS \$150.00
After May 1, 2003 Fee will be \$550.00
Make Check Payable to Florida Department of State

9. Election Campaign Financing Trust Fund Contribution. ☐ **\$5.00** May Be Added to Fees

10. OFFICERS AND DIRECTORS

TITLE	D <input type="checkbox"/> Delete
NAME	CHOCHOLAK, JOZEF
STREET ADDRESS	11405 N.W. 7TH STREET #201
CITY-ST-ZIP	MIAMI FL 33172
TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

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

12. 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: **[Signature]** **PRESIDENT JOZEF CHOCHOLAK 4/14/03 341 286 5554**
Signature and typed or printed name of signing officer or director Date Daytime Phone #

CR2E034 (10/02)