


2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Aug 11, 2003 8:00 am
Secretary of State

06-11-2003 90063 008 ***150.00
08-11-2003 90287 046 ***400.00

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DOCUMENT # P01000067580	
1. Entity Name ALBERT'S DRY CLEANING SERVICE CO.	

Principal Place of Business 19421 N.W. 39TH COURT MIAMI FL 33055	Mailing Address 19421 N.W. 39TH COURT MIAMI FL 33055
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2. Principal Place of Business	3. Mailing Address
Suite, Apt. #, etc.	Suite, Apt. #, etc.


City & State	City & State
Zip	Country



☐ CHECK HERE IF MAKING CHANGES

4. FEI Number 65-1123515	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent	
GOMEZ, ALBERTO 19421 N.W. 39TH COURT MIAMI FL 33055	
7. Name and Address of New Registered Agent	
Name Jenny P. Gomez	
Street Address (P.O. Box Number is Not Acceptable) 19421 NW 39ct	
City Miami	
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. I am familiar with, and accept the obligations of registered agent.

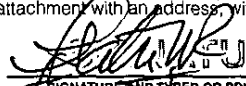
SIGNATURE:  DATE: 08/05/03.

(NOTE: Registered Agent signature required when reinstating)

FILE NOW!!! FEE IS \$550.00 After September 10, 2003 Fee will be \$750.00 Make Check Payable to Florida Department of State	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees
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10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PSD GOMEZ, JENNY 19421 N.W. 39TH COURT MIAMI FL 33055 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD GOMEZ, ALBERTO 19421 N.W. 39TH COURT MIAMI FL 33055 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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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 OF SIGNING OFFICER OR DIRECTOR** Jenny P. Gomez. 08/05/03. 3367882 (305)

Date Daytime Phone #

CR2E034 (4/03)