

2002 UNIFORM BUSINESS REPORT (UBR)

3/1

FILED
Apr 21, 2002 8:00 am
Secretary of State

03-22-2002 90041 024 ***150.00

DOCUMENT # P01000072071

1. Entity Name

441 DRY CLEANERS, INC.

Principal Place of Business
18575 SOUTH STATE ROAD 7
BOCA RATON FL 33498

Mailing Address
18575 SOUTH STATE ROAD 7
BOCA RATON FL 33498



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

65-1123705

Applied For

Not Applicable

Zip

Country

Zip

Country

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

LAZARUS, DAVID M ESQ
900 NORTH FEDERAL HIGHWAY SUITE 200
BOCA RATON FL 33432

Name **BARRY REISCHER**
Street Address (P.O. Box Number is not acceptable) **19575 SOUTH STATE RD 7**
City **BOCA RATON** FL **33498**

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 **BARRY REISCHER** OWNER

3-6-02

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

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 **PS**
NAME **REISCHER, BARRY**
STREET ADDRESS **19575 SOUTH STATE ROAD 7**
CITY-ST-ZIP **BOCA RATON FL 33498** ☐ Delete

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

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
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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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

BARRY REISCHER
3/6/02 **+5614792161**

Date

Daytime Phone #

CR2E034 (9/01)