2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P01000079352

1. Entity Name

CITY-ST-ZIP

EMPIRE CLEANERS SERVICES, INC.

			100	THE INCH	
Principal Place of Business 6025 BOCA COLONY DRIVE BOCA RATON FL 33433		Mailing Address 1150 N.W. 72ND AVENUE #555 N. MIAMI FL 33126		7.00	
2. Principal F	Place of Business	3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			☐ CHECK HERE IF MAKING CHANGES
City & State		City & State		4	4. FEI Number 65-1130618 Applied For Not Applicable
Zip Country		Zip Country		5	5. Certificate of Status Desired
	6. Name and Address of Curren	t Registered Agent	<u> </u>	7	7. Name and Address of New Registered Agent
	b. Italio and Address of Garten		Name		
URENA, MILAGROS				Street Address (P.O. Box Number is Not Acceptable)	
	CA COLONY DRIVE	Street Addres		Address (P.U	J. Box Number is Not Acceptable)
	TON FL 33433				
DOUA NA	TON 1 L 33433	•	City		FL Zip Code
	tions of registered agent.				agent, or both, in the State of Florida. I am familiar with, and accept
Oldivitorie :	Signature, typed or printed name of registered agen	t and title if applicable.	(NOTE: Registered Agent sig	nature required whe	en reinstating) DATE
Afte	FILE NOW!!! FEE IS \$150.00 or May 1, 2003 Fee will be \$550.00 k Payable to Florida Department				9. Election Campaign Financing Trust Fund Contribution. \$5.00 May Be Added to Fees
10.	OFFICERS AND	DIRECTORS	11.		ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DPTS URENA, MILAGR OS 6025 BOCA COLONY DRIVE BOCA RATON FL 33433	☐ Delete	TITLE NAME STREET ADDRES CITY-ST-ZIP	s	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRES CITY-ST-ZIP	s	☐ Change ☐ 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.

CITY-ST-ZIP

GNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OF DIRECTOR

V/10/03

305-994-253

Daytime Phone #

FILED

03-26-2003 90121 009 ***150.00

Mar 26, 2003 8:00 am Secretary of State