

# 2002 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Mar 31, 2002 8:00 am**  
**Secretary of State**

03-31-2002 90048 037 \*\*\*158.75

0407975 AV

**DOCUMENT # P01000104134**

1. Entity Name

**ONE PRICE CLEANERS INC.**

Principal Place of Business

2901 CLINT MOORE ROAD  
 UNIT 202  
 BOCA RATON FL 33496

Mailing Address

2901 CLINT MOORE ROAD  
 UNIT 202  
 BOCA RATON FL 33496

2. Principal Place of Business

10034 SPANISH ISLES BLVD

3. Mailing Address

PAVE

Suite, Apt. #, etc.

C17

Suite, Apt. #, etc.

City & State

BOCA RATON, FLA

City & State

BOCA RATON, FLA

Zip

33498

Country

P.B.C.

Zip

33498

Country

P.B.C.

4. FEI Number

65-1148015

Applied For

Not Applicable

5. Certificate of Status Desired

☒

**\$8.75** Additional  
 Fee Required

6. Name and Address of Current Registered Agent

**SPIEGEL & UTRERA, P.A.**  
 1840 SW 22ND ST.  
 4TH FLOOR  
 MIAMI FL 33145

7. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable)

City

**FL**

Zip Code

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

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

(NOTE: Registered Agent signature required when reinstating)

DATE

*[Signature]*

**HARVEY S. KLEINMAN**

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

TITLE  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP  
**PSTD**  
**CARON, LENNY S**  
**2901 CLINT MOORE ROAD UNIT 202**  
**BOCA RATON FL 33496** ☐ Delete

TITLE  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP ☐ Delete

TITLE  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP ☐ Delete

TITLE  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP ☐ Delete

TITLE  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP ☐ Delete

TITLE  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP ☐ Delete

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP  
**HARVEY KLEINMAN** ☒ Change ☐ Addition  
**10034 SPANISH ISLES BLVD**  
**BOCA RATON FLA 33498**

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

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

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

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

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:**

**SIGNATURE REQUIRED**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3/30/02 561-852 9778

Date

Daytime Phone #

CR2E034 (9/01)