2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

P02000026648 **DOCUMENT #**

1. Entity Name 716 CLEANERS, INC.



FILED
Mar 17, 2003 8:00 am & Secretary of State

03-17-2003 90694 007 ***150.00

			GOO WE T	
Principal Place of Business 716 N. FEDERAL HIGHWAY HALLANDALE FL 33009		Mailing Address 716 N. FEDERAL HIGHWAY HALLANDALE FL 33009		T TERTYONI THE EDITOR WELL EDITOR WELL EDITOR STATE STATE STATE STATE STATE
2. Principal Place of Business		3. Mailing Address		
Suite, Apt. #, etc.		Suite, Apt. #, etc.		CHECK-HERE-IF MAKING CHANGES
City & State		City & State		4. FEI Number 2077) 87 Applied For
Zip	Country	Zip	Country	5. Certificate of Status Desired S8.75 Additional Fee Required
	6. Name and Address of Curre	nt Registered Agent	<u> </u>	7. Name and Address of New Registered Agent
		- rigon	Name	7. Name and Address of New Registered Agent
	ri, Phillip Sr -		Street Add	ddress (P.O. Box Number is Not Acceptable) .
	EDERAL HIGHWAY		Oliect Ade	idiess (1.0. Box Number is Not Acceptable) ;
HALLAND	ALE FL 33009		}	
			City	Zip Code
8. The above	named entity submits this statement	for the purpose of changing it	ts registered office or re	registered agent, or both, in the State of Florida. I am familiar with, and accept
the obliga	tions of registered agent.			
SIGNATURE	Signature, typed or printed name of registered age	ant and title if applicable (NO	TE: Registered Agent signature	e required when reinstating) DATE
	ILE NOW!!! FEE-IS \$150.00_		- Li Togisio de Aigori digitaldo	Oracling manifestating)
Afte	r May 1, 2003 Fee will be \$550.0 k Payable to Florida Department	0	e na servenia de estado en esta	- 9. Election Campaign Financing \$5.00 May Be Trust Fund Contribution.
10.		ID DIRECTORS	111.	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11
TITLE	S	☐ Delete	TITLE	Change Addition
NAME STREET ADDRESS	PENNESTRI,, PHILLIP SR. 716 N. FEDERAL HIGHWAY		NAME STREET ADDRESS	_ , <u>_</u>
CITY-ST-ZIP	HALLANDALE FL 33009		CITY-ST-ZIP	
TITLE		☐ Delete	TITLE	☐ Change ☐ Addition
NAME STREET ADDRESS			NAME	
CITY-ST-ZIP			STREET ADDRESS CITY-ST-ZIP	
TITLE		☐ Delete	TITLE	☐ Change ☐ Addition
NAME			NAME	
STREET ADDRESS CITY-ST-ZIP			STREET ADDRESS	
TITLE			CITY-ST-ZIP	
NAME		☐ Delete	TITLE NAME	☐ Change ☐ Addition
STREET ADDRESS	· · · · · · · · · · · · · · · · · · ·		STREET ADDRESS	***************************************
CITY-ST-ZIP		***	CITY-ST-ZIP	
TITLE		☐ Delete	TITLE	☐ Change ☐ Addition
NAME STREET ADDRESS			NAME Street Address	
CITY-ST-ZIP			CITY-ST-ZIP	
TITLE	1	☐ Delete	TITLE	☐ Change ☐ Addition
NAME	,		NAME	
STREET ADDRESS			STREET ADDRESS	
CITY-ST-ZIP	contifu that the information are the first	ale state different de la company	CITY-ST-ZIP	
 i z. i nereby c 	eruty that the information sugnolied wi	ith this tiling does pet qualify fo	ir the exemption stated.	d in Section 119 07(3)(i) Florida Statutes. I further certify that the information

indicated on this report or supplied with this filling does her 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 accordate 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 of 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 a address, with all other like empowered.

SIGNATURE: