

FILED  
Apr 28, 2003 8:00 am  
Secretary of State

04-28-2003 91501 039 \*\*\*150.00

**FOR PROFIT CORPORATION  
UNIFORM BUSINESS REPORT (UBR)**

DOCUMENT # *P02000029698*

1. Entity Name

*AMERICLEAN FRESH LOOK CLEANERS, INC.*



**DO NOT WRITE IN THIS SPACE**

10089287

2. Principal Place of Business

*520 E. WOOLBRIGHT RD.*

Suite, Apt. #, etc.

3. Mailing Address

*2492 SOUTHRIDGE RD.*

Suite, Apt. #, etc.

DO NOT WRITE IN THIS SPACE

City & State

*BOYNTON BEACH FL*

City & State

*DELRAY BEACH FL*

4. FEI Number

*02-0572185*

Applied For

Not Applicable

Zip

*33435*

Country

*USA*

Zip

*33444*

Country

*USA*

5. Certificate of Status Desired ☐ ☒

\$8.75 Additional Fee Required

**DO NOT WRITE  
IN THIS SPACE**

7. Name and Address of Current Registered Agent

Name

*ANDRE DESPONDIL*

Street

*2492 SOUTHRIDGE RD.*

City

*DELRAY BEACH*

FL

Zip Code

*33444*

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

*ANDRE DESPONDIL*

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

(NOTE: Registered Agent signature required when reinstating)

*4/25/2003*

DATE

January 1 - May 1 Fee is \$150.00

After May 1, Fee is \$550.00

Amended UBR is \$61.25

Make Check Payable to Florida Department of State

9. Election Campaign Financing  
Trust Fund Contribution. ☐

\$5.00 May Be  
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE

NAME

STREET ADDRESS

CITY - ST - ZIP

*PD*

*ANDRE DESPONDIL*

*2492 SOUTHRIDGE RD.*

*DELRAY BEACH FL 33444*

TITLE

NAME

STREET ADDRESS

CITY - ST - ZIP

TITLE

NAME

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CITY - ST - ZIP

**DO NOT WRITE  
IN THIS SPACE**

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 on an attachment with an address, with all other like empowered.

SIGNATURE:

*ANDRE DESPONDIL*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

*4/25/2003*

DATE

*561-737-7408*

Daytime Phone #

CR2E034B (12/02)