2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

P02000053421 **DOCUMENT #**

FAMILY CLEANERS AND ALTERATIONS, INC.



FILED Apr 21, 2003 8:00 am Secretary of State

04-21-2003 90512 026 ***150.00

			O WE			
	ce of Business	Mailing Address			100000=	
6423 MARBLE		6423 MARBLETREE LANE	•	1	1003825	
LAKE WORTH	1 FL 33467	LAKE WORTH FL 33467		J		
			- 2		## ## ################################	
2. Principal F	Place of Business 2	3. Mailing Address				
	BOYLITON BEACH, BUND	7730 BOYN	TOW BEACH L	3/40		
Suite, Apt. #, etc. Suite, Apt. #, etc.					F MAKING CHANGES	
				CHECK HERE	F MAKING CHANGES	
City & State City & State			4044	4. FEI Number	Applied For	
BOYNTON BEACH, FL BOYNTON BEAL				03-0444894	Not Applicable	
Zip > A	237 Country 5 A	33437	Country S #	5. Certificate of Status Desired	\$8.75 Additional	
357		<u> </u>	- 4 3 1/-	7. Name and Address of New Pr	Fee Required	
6. Name and Address of Current Registered Agent Name				7. Name and Address of New Ro	egistered Agent	
LIMOU DAVE			Traine	, i		
LUNGU, PAVEL			Street Addre	Street Address (P.O. Box Number is Not Acceptable)		
6423 MARBLETREE LANE						
LAKE WORTH FL 33467						
			City		FL Zip Code	
O The obeye	and a state of the	the second of the second of the		interest and a second in the Court of Fig.		
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.						
4/8/2002						
SIGNATURE Signature, typed or printed dame of registared agent and title it applicable. (NOTE: Registared Agent signature required when reinstating) DATE						
	ILE NOW!!! FEE IS \$150.00			9. Election Campaign Fin	ancing \$5.00 May Be	
	r May 1, 2003 Fee will be \$550.00 k Payable to Florida Department of	State		Trust Fund Contribution		
			F44	ADDITIONO (OLIANOSO TO OSSI	CEDO AND DIDECTORS IN 11	
10. Title	PD OFFICERS AND		11.	ADDITIONS/CHANGES TO OFFI	Change Addition	
NAME	LUNGU, ANISOARA E	☐ Delete	TITLE NAME			
STREET ADDRESS	6423 MARBLETREE LANE		STREET ADDRESS			
CITY-ST-ZIP	LAKE WORTH FL 33467		CITY-ST-ZIP		1	
TITLE	VD	☐ Delete	TITLE		Change Addition	
NAME	LUNGU, PAVEL	_ 0000	NAME			
STREET ADDRESS	6423 MARBLETREE LANE		STREET ADDRESS			
CITY-ST-ZIP	LAKE WORTH FL;33467		CITY-ST-ZIP			
TITLE	TD	☐ Delete	TITLE		Change Addition	
NAME	LUNGU, EMMANUEL C	,	NAME			
STREET ADDRESS	6423 MARBLETREE LANE		STREET ADDRESS		ļ	
CITY-ST-ZIP	LAKE WORTH FL 33467		CITY-ST-ZIP			
TITLE	SD	☐ Delete	TITLE		Change Addition	
NAME	LUNGU, DANIEL L		NAME			
STREET ADDRESS	6423 MARBLETREE LANE		STREET ADDRESS	,	}	
CITY-ST-ZIP	LAKE WORTH FL 33467		CITY-ST-ZIP			
TITLE		☐ Delete	TITLE		☐ Change ☐ Addition	
NAME STREET ADDRESS			NAME			
CITY-ST-ZIP			STREET ADDRESS CITY-ST-ZIP			
	<u> </u>		- -		Char D Addition	
TITLE NAME		☐ Delete	TITLE		Change Addition	
STREET ADDRESS			NAME STREET ADDRESS			
STREET NUMBERS	i		SIMEEL WOOKE22			

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 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 an address, with all other like empowered.

CITY-ST-ZIP

SIGNATURE: 2

CITY-ST-ZIP