

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

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

03-17-2003 90117 019 ***150.00

DOCUMENT # P02000071752

1. Entity Name
CUSTOM CLEANERS AND TAILORS INC.



Principal Place of Business
**9663 NW 45 STREET
SUNRISE FL 33351**

Mailing Address
**9663 NW 45 STREET
SUNRISE FL 33351**



2. Principal Place of Business

3. Mailing Address

4951 22nd ST NE

4951 22nd ST NE

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

NAPLES

City & State

FL 34120

4. FEI Number

54-2281955

Applied For

Not Applicable

Zip

34120

Country

COLLIER

Zip

34120

Country

COLLIER

5. Certificate of Status Desired ☐

\$8.75 Additional Fee Required

☒ CHECK HERE IF MAKING CHANGES

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**RAMIREZ, HERNAN
9663 NW 45 STREET
SUNRISE FL 33351**

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

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

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW!!! FEE IS \$150.00

After May 1, 2003 Fee will be \$550.00

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

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	PD	<input type="checkbox"/> Delete
NAME	RAMIREZ, HERNAN	
STREET ADDRESS	9663 NW 45 STREET	
CITY-ST-ZIP	SUNRISE FL 33351	
TITLE	SD	<input type="checkbox"/> Delete
NAME	RAMIREZ, LUZ M	
STREET ADDRESS	9663 NW 45 STREET	
CITY-ST-ZIP	SUNRISE FL 33351	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
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STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
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STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE	PD	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	RAMIREZ, HERNAN	
STREET ADDRESS	4951 22nd STREET NE	
CITY-ST-ZIP	NAPLES, FL 34120	
TITLE	SD	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	RAMIREZ, LUZ M	
STREET ADDRESS	4951 22nd STREET NE	
CITY-ST-ZIP	NAPLES, FL 34120	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

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.

SIGNATURE:

HERNAN RAMIREZ

Date

Daytime Phone #

3.10.03 239 304-2457

CR2E034 (10/02)