

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

**FILED**  
**May 05, 2003 8:00 am**  
**Secretary of State**

05-05-2003 91780 044 \*\*\*150.00

DOCUMENT # P02000090618

1. Entity Name

CACHE CLEANERS INC



**DO NOT WRITE IN THIS SPACE**

11041254

2. Principal Place of Business

2455-5740th Ave.

3. Mailing Address

2455-57 40th Ave.

Suite, Apt. #, etc.

Suite, Apt. #, etc.

Lauderhill

City & State

Fort Lauderdale FL

City & State

Lauderhill FL

4. FEI Number

47-0886287

Applied For

Not Applicable

Zip

33313

Country

Broward

Zip

33313

Country

Broward

5. Certificate of Status Desired ☐

\$8.75 Additional Fee Required

7. Name and Address of Current Registered Agent

Name

Julian Bulsara

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

2041 Quail Roost Dr

City

Weston

FL

Zip Code

33327

**DO NOT WRITE  
IN THIS SPACE**

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: Julian Bulsara

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

(NOTE: Registered Agent signature required when reinstating)

DATE

4/30/03

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  
Purnima Bulsara  
2041 Quail Roost Dr.  
Weston FL 33327

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
Jayanti Bulsara  
2041 Quail Roost Dr.  
Weston FL 33327

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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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: Julian Bulsara

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/30/03 (954) 485-1711

Date

Daytime Phone

CR2E034B (12/02)