

# 2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

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

05-05-2003 90295 034 \*\*\*150.00

0003684 AT

**DOCUMENT # P02000124828**

1. Entity Name

**EURO SKY CLEANERS & ALTERATIONS, INC.**



Principal Place of Business

1820 N 17TH AVENUE #4  
HOLLYWOOD FL 33020

Mailing Address

1820 N 17TH AVENUE #4  
HOLLYWOOD FL 33020

2. Principal Place of Business

1820 N 17th Avenue

3. Mailing Address

1820 N 17th Ave

Suite, Apt. #, etc.

#4

Suite, Apt. #, etc.

#4

City & State

Hollywood FL

City & State

Hollywood FLORIDA

Zip

33020

Country

U.S.A.

Zip

33020

Country

U.S.A.

☐ CHECK HERE IF MAKING CHANGES

4. FEI Number

14-1857662

Applied For

Not Applicable

5. Certificate of Status Desired

☐

**\$8.75** Additional  
Fee Required

6. Name and Address of Current Registered Agent

DINU, LYDIA

1820 N 17TH AVENUE #4  
HOLLYWOOD FL 33020

7. Name and Address of New Registered Agent

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 LYDIA DINU

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

(NOTE: Registered Agent signature required when reinstating)

DATE

04/21/03

**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

TITLE **PRESIDENT** ☐ Delete  
NAME **LYDIA DINU**  
STREET ADDRESS **1820 N 17th AVE Apt 4**  
CITY-ST-ZIP **HOLLYWOOD FL 33020 USA**

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE **VICE PRESIDENT** ☐ Change ☒ Addition  
NAME **NELIA GUER**  
STREET ADDRESS **1425 ATLANTIC SHORE BLVD. Apt #503**  
CITY-ST-ZIP **HALLANDALE FL 33009 U.S.A.**

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ 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: LYDIA DINU  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

04/21/03 1954/494-0922

CR2E034 (10/02)