

2004 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Apr 23, 2004 8:00 am
Secretary of State

04-23-2004 90249 030 ***150.00

DOCUMENT # P02000125169

1. Entity Name

J & P CLEANERS, INC.



Principal Place of Business

10412 W. ATLANTIC BLVD.
CORAL SPRINGS FL 33071

Mailing Address

10412 W. ATLANTIC BLVD.
CORAL SPRINGS FL 33071

2. Principal Place of Business

2041 QUAIL ROOST DR.

3. Mailing Address

2041 QUAIL ROOST DR.

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

WESTON.

City & State

WESTON

Zip

FL

Country

33327

Zip

FL

Country

33327

4. FEI Number

16-1641850

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75 Additional
Fee Required**

6. Name and Address of Current Registered Agent

JULIAN, BULSARA
2041 QUAIL ROOST DR.
WESTON FL 33327

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

Julian Bulsara

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

(NOTE: Registered Agent signature required when reinstating)

4/21/04
DATE

FILE NOW!!! FEE IS \$150.00

After May 1, 2004 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	PD	<input type="checkbox"/> Delete
NAME	BULSARA, JAYANTI H	
STREET ADDRESS	2041 QUAIL ROOST DR.	
CITY-ST-ZIP	WESTON FL 33327	
TITLE	TD	<input type="checkbox"/> Delete
NAME	BULSARA, PURNIMA J	
STREET ADDRESS	2041 QUAIL ROOST DR.	
CITY-ST-ZIP	WESTON FL 33327	
TITLE	SD	<input type="checkbox"/> Delete
NAME	BULSARA, JULIAN J	
STREET ADDRESS	2041 QUAIL ROOST DR.	
CITY-ST-ZIP	WESTON FL 33327	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

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	
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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: *Julian Bulsara*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/21/04

Date

954-485-1711

Daytime Phone #