

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Mar 28, 2003 8:00 am
Secretary of State

03-28-2003 90070 008 ***150.00

DOCUMENT # P02000125169

1. Entity Name
J & P CLEANERS, INC.



Principal Place of Business
**2041 QUAIL ROOST DR.
WESTON FL 33327**

Mailing Address
**2041 QUAIL ROOST DR.
WESTON FL 33327**



2. Principal Place of Business

10412 W Atlantic Blvd

3. Mailing Address

10412 W Atlantic Blvd

Suite, Apt. #, etc.

Suite, Apt. #, etc.

☐ CHECK HERE IF MAKING CHANGES

City & State
Coral Spring

City & State
Coral Spring

4. FEI Number
16-1641850

Applied For
☐ Not Applicable

Zip
FL 33071

Country
33071

Zip
FL 33071

Country
33071

5. Certificate of Status Desired ☐ **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent

**BULSARA, JAYANTI H
2041 QUAIL ROOST DR.
WESTON FL 33327**

7. Name and Address of New Registered Agent

Name
BULSARA, JULIAN
Street Address (P.O. Box Number is Not Acceptable)
2041 Quail Roost Dr.
WESTON, FL 33327
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 **X Julian Bulsara**

3/26/03

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

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: **X SIGNATURE Bulsara**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3/26/03 (954) 868-7200

Date

Daytime Phone #

CR2E034 (10/02)