

2004 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P03000034873

1. Entity Name

Line's Dryclean, Inc.

Principal Place of Business

Mailing Address

312 NE 1st Court Apt 101
Hallandale, FLA 33009

2. Principal Place of Business

3. Mailing Address

3501 JACKSON ST

3501 JACKSON ST.

Suite, Apt. #, etc.

Suite, Apt. #, etc.

APT 107

APT 107

City & State

Hollywood FLA.

City & State

Hollywood FLA

Zip

33021

Country

Broward

Zip

33021

Country

Broward

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

JAMES E. TICE
16220 SW 280TH ST
Homestead FLA 33077

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.

SIGNATURE

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

(NOTE: Registered Agent signature required when reinstating)

DATE

9. This corporation is eligible to satisfy its intangible tax filing requirement and elects to do so. (See criteria on back) ☐

FILE NOW!!! FEE IS \$150.00
After MAY 1, 2001 Fee will be \$550.00
Make Check Payable to Department of State

10. Election Campaign Financing Trust Fund Contribution. ☐

\$5.00 May Be Added to Fees

11. OFFICERS AND DIRECTORS

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE: President
NAME: Merida Acevedo
STREET ADDRESS: 3501 JACKSON ST Apt 107
CITY-ST-ZIP: Hollywood FLA 33021

TITLE: President
NAME: Merida Acevedo
STREET ADDRESS: 3501 JACKSON ST #107
CITY-ST-ZIP: Hollywood FLA 33021

TITLE:
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CITY-ST-ZIP:

13. 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 11 or Block 12 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

APPROVED
AND
FILED

04 DEC -8 AM 11:22

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

REINSTATEMENT

DO NOT WRITE IN THIS SPACE

4. FEI Number
861051421

Applied For
Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional Fee Required

CR2E034 (11/00)

ps 2 of 2
your copy

December 2, 2004

Division of Corporations
PO Box 6327
Tallahassee, Florida 32399

Gentlemen;

Re: Line's Drywall, Inc.
P03000024873

Please be advised the owner of the above named company moved and did not
receive the notice for filing for 2004. Please accept the enclosed check and
reinstate the above corporation at your early convenience.

Thank you for your consideration.

Sincerely,

James E. Tice.
Accountant