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06-26-2007 90001 001 ***150.00

FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P04000152659

1. Entity Name

NORTHDALE CLEANERS INC

FILED

07 AUG 14 AM 11:30

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

800108850128
08/30/07--01045--021 **400.00

2. Principal Place of Business: 3883 Northdale Blvd
Suite, Apt. #, etc.
City & State: TAMPA, FL
Zip: 33624 County: Hillsborough

3. Mailing Address: 3883 Northdale Blvd
Suite, Apt. #, etc.
City & State: TAMPA, FL
Zip: 33624 County: Hillsborough

4. FEI Number: 32-0133530

5. Certificate of Status Desired ☐ $5.75 Additional Fee Required

7. Name and Address of Current Registered Agent

Name: YASMIN ESMAIL
Street Address (P.O. Box Number is Not Acceptable): 3883 Northdale Blvd
City: TAMPA FL Zip Code: 33624

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: _____ DATE
(Signature, typed or printed name of registered agent and title if applicable) (NOTE: Registered Agent signature required when changing)

9. Election Campaign Financing Trust Fund Contribution. ☐ $5.00 May Be Added to Fees

10. OFFICERS AND DIRECTORS

TITLE	P, V, S, T, D
NAME	YASMIN ESMAIL
STREET ADDRESS	3883 northdale Blvd
CITY-ST-ZIP	TAMPA, FL 33624
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

8/14

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: _____ 6/14/07
(SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR) (Date) (Daytime Phone #)