

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 23, 2001 8:00 am
Secretary of State

04-23-2001 90238 049 ***150.00

0138762

DOCUMENT # P93000029974

1. Entity Name

GEMA CLEANERS, INC.

Principal Place of Business

**2300 W SAMPLE RD
SUITE #106
POMPANO BCH FL 33073
US**

Mailing Address

**2300 W SAMPLE RD
SUITE #106
POMPANO BCH FL 33073
US**

2. Principal Place of Business

7446 BRUNSWICK CIRCLE

3. Mailing Address

7446 BRUNSWICK CIRCLE

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

BOYNTON BEACH, FLORIDA

City & State

BOYNTON BEACH, FLORIDA

4. FEI Number

65-0405270

Applied For

Not Applicable

Zip

33437

Country

USA

Zip

33437

Country

USA

5. Certificate of Status Desired ☐

**\$8.75 Additional
Fee Required**

6. Name and Address of Current Registered Agent

**ESQUIVEL, GEORGE E
2300 W SAMPLE RD
SUITE 106
POMPANO BCH FL 33073**

7. Name and Address of New Registered Agent

Name

GEORGE ESQUIVEL

Street Address (P.O. Box Number is Not Acceptable)

7446 BRUNSWICK CIRCLE

City

BOYNTON BEACH

FL

Zip Code
33437

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)

04/16/01

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

TITLE	PD	<input type="checkbox"/> Delete
NAME	ESQUIVEL, GEORGE E	
STREET ADDRESS	2300 W SAMPLE RD, SUITE 106	
CITY-ST-ZIP	POMPANO BEACH FL	
TITLE	DO	<input type="checkbox"/> Delete
NAME	ESQUIVEL, LILIA E	
STREET ADDRESS	2300 W SAMPLE RD, SUITE 106	
CITY-ST-ZIP	POMPANO BEACH FL	
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		

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	PD	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	ESQUIVEL, GEORGE E	
STREET ADDRESS	7446 BRUNSWICK CIRCLE	
CITY-ST-ZIP	BOYNTON BEACH, FL 33437	
TITLE	DO	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	ESQUIVEL, LILIA	
STREET ADDRESS	7446 BRUNSWICK CIRCLE	
CITY-ST-ZIP	BOYNTON BEACH, FL 33437	
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		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
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)(l), 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

04/16/01

Date

Daytime Phone #

CR2E034 (10/00)