## 03-29-2001 90023 039 \*\*\*150.00

2001 UNIFORM BUSINESS REPORT (UBR) FILED Mar 29, 2001 8:00 am Secretary of State DOCUMENT # **P93000034609** 1. Entity Name MERI CLEANERS TWO, INC. Principal Place of Business Mailing Address 830 NW 115TH AVE 830 NW 115TH AVE PLANTATION FL 33325 PLANTATION FL 33325 2. Principal Place of Business 7144 3. Mailing Address 744 N. UNIVERSITYDRIVE UNIVERSITY DRIVE Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE TAMARAC TAMARA City & State City & State Applied For 4. FEI Number 65-0410944 FLORIDA FLOR Not Applicable Country Country \$8.75 Additional 5. Certificate of Status Desired -Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name COLODNE, MARK R. Street Address (P.O. Box Number is Not Acceptable) 9455-C BOCA GARDENS CIR S **BOCA RATON FL 33496** 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 RAMDIAL SIGNATURE TARAMATI Signature, typed or printed name of registered agent and title if applicable. 9. This corporation is eligible to satisfy its Intangible FILE NOW!!! FEE IS \$150.00 10. Election Campaign Financing \$5.00 May Be Tax filing requirement and elects to do so. After MAY 1, 2001 Fee will be \$550.00 Trust Fund Contribution. Added to Fees (See criteria on back) Make Check Payable to Department of State ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 11. OFFICERS AND DIRECTORS 12. TITLE ☐ Delete TITLE ☐ Change ☐ Addition RAMDIAL, TOOLSIERAM NAME NAME STREET ADDRESS 830 NW 115TH AVE STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP PLANTATION FL 33325 TITLE ☐ Delete ☐ Change ☐ Addition TITLE NAME TARAMATI, RAMDIAL NAME STREET ADDRESS STREET ADORESS 830 NW 115TH AVE CITY-ST-ZIP CITY-ST-ZIP PLANTATION FL 33325 TITLE ☐ Delete TITLE Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete TITLE TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP 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.

TITLE

NAME

STREET ADDRESS

CITY-ST-ZIP

STREET ADDRESS

CITY-ST-ZIP

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

☐ Delete

Change

☐ Addition