

**FOR PROFIT CORPORATION  
UNIFORM BUSINESS REPORT (UBR)**

**FILED**  
**May 13, 2002 8:00 am**  
**Secretary of State**

05-13-2002 90154 026 \*\*\*150.00

DOCUMENT # P93000034609

1. Entity Name

Meri Cleaners Two, Inc.

**DO NOT WRITE IN THIS SPACE**

654625

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

1744 N. University Dr.

3. Mailing Address

1744 N. University Dr.

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

Tamara, FL.

City & State

Tamara, FL.

4. FEI Number

65-0410944

Applied For

Not Applicable

Zip 33321

Country U.S.A.

Zip 33321

Country U.S.A.

5. Certificate of Status Desired ☐

\$8.75 Additional  
Fee Required

**DO NOT WRITE  
IN THIS SPACE**

7. Name and Address of Current Registered Agent

Name

Mark R. Colodine

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

9455C Boca Gardens Circle South

City

Boca Raton, FL.

FL

Zip Code

33496

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

4/22/02

9. This corporation is eligible to satisfy its Intangible

Tax filing requirement and elects to do so. ☐

(See criteria on back)

January 1 - May 1 Fee is \$150.00

After May 1, Fee is \$550.00

Amended UBR is \$61.25

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	P. D.
NAME	Tootsieram Randial
STREET ADDRESS	4141 N.W. 26th St. #117
CITY-ST-ZIP	Lauderhill, FL. 33313
TITLE	V.P. D.
NAME	Taramati Randial
STREET ADDRESS	4141 N.W. 26th St. #117
CITY-ST-ZIP	Lauderhill, FL. 33313
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
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CITY-ST-ZIP	

**DO NOT WRITE  
IN THIS SPACE**

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 on an attachment with an address, with all other like empowered.

SIGNATURE:

Tootsieram Randial

4/24/02

(954) 382-4553

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034B (12/01)