

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
May 02, 2003 8:00 am
Secretary of State

05-02-2003 90104 003 ***150.00

DOCUMENT # P93000038044

1. Entity Name
BRITISH CLEANERS, INC.



Principal Place of Business
**2750 SW26TH AVENUE
STE F
COCONUT GROVE FL 33133**

Mailing Address
**2750 SW26TH AVENUE
STE F
COCONUT GROVE FL 33133**



2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number **65-0432388**

Applied For
Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired ☐ **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**SOMEILLAN, JULIO C
100 KINGS POINT DR
#1506
SUNNY ILES BEACH FL 33160**

Name
Street Address (P.O. Box Number is Not Acceptable)
9225 Collins Avenue Apt. PH-E
City **Surfside** **FL** Zip Code **33154**

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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

**FILE NOW!!! FEE IS \$150.00
After May 1, 2003 Fee will be \$550.00
Make Check Payable to Florida Department of State**

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

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE **ST** ☐ Delete
NAME **SMIT, LUPE**
STREET ADDRESS **3217 RIVERA DR.**
CITY-ST-ZIP **CORAL GABLES FL 33134**

☒ Change ☐ Addition
TITLE
NAME
STREET ADDRESS **219 Ridgewood Rd.**
CITY-ST-ZIP **CORAL GABLES, FL 33133**

TITLE **P** ☐ Delete
NAME **SMIT, PETER**
STREET ADDRESS **3217 RIVIERA DR**
CITY-ST-ZIP **CORAL GABLES FL 33134**

☒ Change ☐ Addition
TITLE
NAME
STREET ADDRESS **219 Ridgewood Rd.**
CITY-ST-ZIP **CORAL GABLES, FL 33133**

TITLE **V** ☐ Delete
NAME **VEIGA, CARMEN**
STREET ADDRESS **10838 SW 88TH STREET W-6**
CITY-ST-ZIP **MIAMI FL 33134**

☐ Change ☐ Addition
TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ Change ☐ Addition
TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ Change ☐ Addition
TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ Change ☐ Addition
TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

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

SIGNATURE:

SIGNATURE REQUIRED

Peter Smit-Pres

4/30/03

305-868-4624

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (10/02)