

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P94000009448

1. Entity Name

IVIS AND LISSY, INC.

**FILED**  
**Mar 22, 2000 8:00 am**  
**Secretary of State**

03-22-2000 90054 004 \*\*\*150.00

Principal Place of Business	Mailing Address
CLASSY CLEANERS 2480 W. 60 ST. HIALEAH FL 33015 US	2480 W 60TH STREET SUITE 210 HIALEAH FL 33016-4472 US

2. Principal Place of Business	3. Mailing Address
Suite, Apt. #, etc.	17510 N.W. 7 CT.
City & State	Pembroke Pines, FL
Zip	Country
33029	Broward



DO NOT WRITE IN THIS SPACE

4. FEI Number	65-0473250	Applied For
		Not Applicable

5. Certificate of Status Desired	<input type="checkbox"/> \$8.75 Additional Fee Required
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6. Name and Address of Current Registered Agent
BEATRIZ FERNANDEZ 17510 N.W. 7TH COURT SUITE 210 PEMBROKE PINES FL 33029

7. Name and Address of New Registered Agent
Name
Street Address (P.O. Box Number is Not Acceptable)
City
FL 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

SIGNATURE	(NOTE: Registered Agent signature required when reinstating)	DATE
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9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. (See criteria on back)	<input type="checkbox"/>	<b>FILE NOW!!! FEE IS \$150.00</b> <b>After MAY 1, 2000 Fee will be \$550.00</b> <b>Make Check Payable to Department of State</b>	10. Election Campaign Financing Trust Fund Contribution.	<input type="checkbox"/>	<b>\$5.00 May Be Added to Fees</b>
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11. OFFICERS AND DIRECTORS		12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE	PD	TITLE	
NAME	FERNANDEZ, BEATRIZ	NAME	
STREET ADDRESS	2480 W. 60TH ST.	STREET ADDRESS	
CITY-ST-ZIP	HIALEAH FL 33016	CITY-ST-ZIP	
TITLE	VTD	TITLE	
NAME	FERNANDEZ, RAMON	NAME	
STREET ADDRESS	2480 W. 60TH ST.	STREET ADDRESS	
CITY-ST-ZIP	HIALEAH FL 33016	CITY-ST-ZIP	
TITLE	T	TITLE	
NAME	FERNANDEZ, LISSETTE	NAME	
STREET ADDRESS	17510 N.W. 7 CT.	STREET ADDRESS	
CITY-ST-ZIP	PEMBROKE PINES FL-33029	CITY-ST-ZIP	
TITLE	S	TITLE	
NAME	DE VARONA, DIANA	NAME	
STREET ADDRESS	3405 W. 13TH AVE.	STREET ADDRESS	
CITY-ST-ZIP	HIALEAH FL 33014	CITY-ST-ZIP	
TITLE		TITLE	
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE		TITLE	
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.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (9/99)