## 2000 UNIFORM BUSINESS REPORT (UBR)

## FILED Feb 28, 2000 8:00 am DOCUMENT # **P94000018441 Secretary of State** BEST WAY CLEANERS OF OCEAN RIDGE, INC. 02-28-2000 90023 003 \*\*\*150.00 Principal Place of Business Mailing Address 5011 N OCEAN BOULEVARD 5011 N OCEAN BOULEVARD NO. 1 NO. 1 UUU25548 OCEAN RIDGE FL 33435 OCEAN RIDGE FL 33435 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE Suite, Apt. #, etc. Applied For City & State City & State 4. FEI Number 65-0483333 Not Applicable Zip Country Zip Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent Name SIVITILLI, ORLANDO Street Address (P.O. Box Number is Not Acceptable) 5011 N OCEAN BOULEVARD NO. 1 OCEAN RIDGE FL 33435 Zip Code FL 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) FILE NOW!!! FEE IS \$150.00 9. This corporation is eligible to satisfy its Intangible 10. Election Campaign Financing \$5.00 May Be Tax filing requirement and elects to do so. After MAY 1, 2000 Fee will be \$550.00 Trust Fund Contribution Added to Fees (See criteria on back) Make Check Payable to Department of State OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 11. 12. ☐ Delete Change Addition TITLE TITLE SIVITILLI, ORLANDO NAME STREET ADDRESS 5011 N OCEAN BOULEVARD, NO. 1 STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP OCEAN RIDGE FL 33435 ☐ Addition ☐ Delete TITLE Change TITLE NAME NAME SIVITILLI, LILIANE STREET ADDRESS 5011.N.OCEAN BOULEVARD, NO. 1 STREET ADDRESS CITY-ST-ZIP CITY-ST-7/P OCEAN RIDGE FL Change ☐ Addition ☐ Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Change ☐ Addition ☐ Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-7IP ☐ Change ☐ Addition ☐ Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete TITLE Change ☐ Addition TITLE NAME STREET ADDRESS STREET ADDRESS

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.

CITY-ST-ZIP

SIGNATURE: Delay Simuly LILITING

2/16/00 561-265-3534