

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Feb 25, 2002 8:00 am
Secretary of State

02-25-2002 90558 001 ***300.00

DOCUMENT # P94000020769

1. Entity Name

CARL'S CLEANERS, INC.

Principal Place of Business

**3100 CORRINE DR.
 ORLANDO FL 32803-2206**

Mailing Address

**1810 SABEL DR
 DEERFIELD BEACH FL 33442**

2. Principal Place of Business

3. Mailing Address

PO BOX 5032

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Deerfield bch

Zip

Country

Zip

Country

33442

USA

4. FEI Number

59-3033047

Applied For

Not Applicable

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

ESPINAL, MAIRA

3100 CORRINE DR.

ORLANDO FL 32803-2206

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

Maira Espinal

1-30-02

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

9. This corporation is eligible to satisfy its Intangible
 Tax filing requirement and elects to do so.
 (See criteria on back)

FILE NOW!!! FEE IS \$150.00
After May 1, 2002 Fee will be \$550.00
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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE
 NAME

STREET ADDRESS
 CITY-ST-ZIP

**PSTV
 ESPINAL, MAIRA
 3100 CORRINE DR.
 ORLANDO FL 32803-2206**

☐ Delete

TITLE
 NAME

STREET ADDRESS
 CITY-ST-ZIP

☐ Change ☐ Addition

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☐ Change ☐ Addition

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:

Maira Espinal

01-30-02

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (9/01)