

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Jul 21, 2003 8:00 am
Secretary of State

07-21-2003 90356 002 ***150.00

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DOCUMENT # P94000021647

1. Entity Name
A.M.D. CLEANERS, INC.



Principal Place of Business
**749 NE 167 ST
N MIAMI BEACH FL 33162**

Mailing Address
**749 NE 167 ST
N MIAMI BEACH FL 33162**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number **65-0486105**

Applied For
Not Applicable

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

☐ CHECK HERE IF MAKING CHANGES

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**PIOTRKOWSKI, JOEL S
627 71ST ST
MIAMI BEACH FL 33141**

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE _____

**FILE NOW!!! -FEE IS-\$550.00
After September 10, 2003 Fee will be \$750.00
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 NAME STREET ADDRESS CITY-ST-ZIP	D DHAYA, AKBERALI 749 NE 167 ST N MIAMI BEACH FL 33162	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
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TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition

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 AKBERALI DHAYA 7-19-03
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (4/03)

Attachment

90145300

P914000021647

A.M. D. Cleaners Inc

749 N.E. 167 Street
N.M.B. Fl. 33162.

July 19, 2003

Division Of Corporations
Uniform Business Report Filling
P.O. Box 1500
Tallahassee, Fl. 32303-1500.

Dear Sir/Madam

RE: 2003 FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)

Enclosed please find the above report and fees of \$150.00.

Your record will show that since last 8 years I have been filling my report on time and have never been late until this time that I did not receive the mail on time.

Attached find a copy of the envelop on which the Post Office clearly states that the mail was delivered to the wrong address.

I have spoken to the postmaster and I hope the post office will do something about this problem.

This is therefore to request you to waive the penalty since the my mail was not delivered on time and my records on your file will show that I have never been late.

Respectfully yours,



Akberali M. Dhaya