FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)

FILED
Jul 06, 2004 8:00 am
Secretary of State

07-06-2004 90001 002 ***150.00

DOCUMENT # P94000030111

1. Entity Name

VIAN'S DRY CLEANERS, INC.

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54059799

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2. Principal Place of Business	3. Mailing Address
10855 S.W. 72nd St.	10855 SW 72nd St.
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State: Miami, FL	City & State: MIAMI, FL
Zip: 33173 Country:	Zip: 33173 Country:

4. FEI Number: 65-0485157 — Applied For ☐ Not Applicable ☐

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

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7. **Name and Address of Current Registered Agent**

Name: Mirani, Salih M.

Street Address (P.O. Box Number is Not Acceptable): 11251 SW 24th Terrace

City: Miami **FL** Zip Code: 33165

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: ______________________________ DATE

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

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

January 1 - May 1 Fee is $150.00
After May 1 Fee is $550.00
Amended UBR is $61.25
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

Field	Officer/Director
TITLE	PTD
NAME	Mirani, Salih M.
STREET ADDRESS	11251 SW 24th Terrace
CITY-ST-ZIP	Miami, FL 33165
TITLE	VSD
NAME	Hasan, Ramez
STREET ADDRESS	11251 SW 24th Terrace
CITY-ST-ZIP	Miami, FL 33165
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
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CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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CR2E034B (12/01)

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 on an attachment with an address, with all other like empowered.

SIGNATURE: Salih M. Mirani — Date: 4-29-04 — Daytime Phone #: 305-274-1215

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR