2000 UNIFORM BUSINESS REPORT (UBR)

FILED DOCUMENT # **P94000087972** Apr 06, 2000 8:00 am Secretary of State RAZDOL CLEANERS, INC. 04-06-2000 90003 014 ***150.00 Principal Place of Business Mailing Address 292 S TRADEWINDS AVE 13910 SW 56 STREET FORT LAUDERDALE FL 33308-5012 MIAMI FL 33175 US 3. Mailing Address 2. Principal Place of Business Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE Applied For City & State City & State 4. FEI Number 65-0542196 Not Applicable Country Country Zip \$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 KIDWAI, SHAHAB Street Address (P.O. Box Number is Not Acceptable) 292 S TRADEWINDS AVE FORT LAUDERDALE FL 33308 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. DATE 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 After MAY 1, 2000 Fee will be \$550.00 Tax filing requirement and elects to do so. П 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 12. 11. ☐ Addition TITLE Change X Delete TITLE NAME CONTRACTOR, SHEZAD NAME STREET ADDRESS STREET ADDRESS 13910 SE 56TH ST CITY-ST-ZIP CITY-ST-ZIP MIAMI FL Addition ☐ Change TITLE TITL F VSTD Delete KIDWAI: NAJMA ... NAME NAME STREET ADDRESS STREET ADDRESS 13910 SW 56 ST CITY-ST-ZIP CITY-ST-ZIP MIAMI FL ☐ Addition TITLE ☐ Delete TITLE KIDWAI, SHAHAB NAME NAME STREET ADDRESS STREET ADDRESS 13910 SE 56TH ST CITY-ST-ZIP CITY-ST-ZIP MIAMI FL Delete ☐ Change ☐ Addition TITLE TITLE CONTRACTOR, ROSHAN NAME NAME STREET ADDRESS STREET ADDRESS 13910 S.W. 56 ST CITY-ST-ZIP CITY-ST-ZIP **MIAMI FL 33175** ☐ Change ☐ Addition □ Delete TITLE TITLE NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-7IP ☐ Addition ☐ Delete TITLE Change NAME NAME STREET ADDRESS STREET ADDRESS 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.