

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Jan 25, 2001 8:00 am
Secretary of State

01-25-2001 90235 010 ***150.00

DOCUMENT # P94000087972

1. Entity Name

RAZDOL CLEANERS, INC.

Principal Place of Business

**13910 SW 56 STREET
 MIAMI FL 33175
 US**

Mailing Address

~~292 S TRADEWINDS AVE~~
~~FORT LAUDERDALE FL 33308~~
~~US~~
13910 SW 56 ST -
Miami, FL 33175

609042

2. Principal Place of Business

3. Mailing Address

13910 SW 56 ST

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

Miami FL

4. FEI Number **65-0542196**

Applied For

Not Applicable

Zip

Country

Zip

Country

33175 USA

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

KIDWAI, SHAHAB

~~292 S TRADEWINDS AVE~~
~~FORT LAUDERDALE FL 33308~~

13910 SW 56 ST
Miami, FL 33175

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

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, 2001 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 **VSTD** ☐ Delete
 NAME **KIDWAI, NAJMA**
 STREET ADDRESS **13910 SW 56 ST**
 CITY-ST-ZIP **MIAMI FL**

TITLE ☐ Change ☐ Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE **PD** ☐ Delete
 NAME **KIDWAI, SHAHAB**
 STREET ADDRESS **13910 SE 56TH ST**
 CITY-ST-ZIP **MIAMI FL**

TITLE ☐ Change ☐ Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
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 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.

SIGNATURE:

S. Kidwai

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

1/15/01

CR2E034 (10/00)