

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
May 23, 2002 8:00 am
Secretary of State

05-23-2002 90112 045 ***150.00

DOCUMENT # P95000003290
 1. Entity Name
TIFFANY CLEANERS, INC.

Principal Place of Business Mailing Address
670 E SEMORAN BLVD **P.O. BOX 149428**
CASSELBERRY FL 32707 **ORLANDO FL 32814**



2. Principal Place of Business 3. Mailing Address
 Suite, Apt. #, etc. **INTERNATIONAL PROFESSIONAL SERVICES CORP.**
2813 S. Hiawasse Rd., # 104
 City & State City & State **Orlando, FL 32835**

DO NOT WRITE IN THIS SPACE

Zip Country Zip Country

4. FEI Number **59-3320205** Applied For
 Not Applicable
 5. Certificate of Status Desired **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent
MEHTA, MANMAR
1245 VALLEY CREEK BLVD
WINTER PARK FL 32792

7. Name and Address of New Registered Agent
 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 _____ 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)

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

TITLE	S <input type="checkbox"/> Delete
NAME	MEHTA, MANHAR
STREET ADDRESS	1245 VALLEY CREEK RUN
CITY-ST-ZIP	WINTER PARK FL 32792
TITLE	P <input type="checkbox"/> Delete
NAME	BHARTIBEN, METHA
STREET ADDRESS	1245 VALLEY CREEK
CITY-ST-ZIP	WINTER PARK FL 32792
TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
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: *Manmar Mehta* **MANMAR MEHTA** **4-29-02** **407 822-8209**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (9/01)