

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P95000034853

1. Entity Name

DRYCLEAN & LAUNDRY/JEAN & FRANK'S, INC.

FILED

Mar 26, 2001 8:00 am
Secretary of State

03-26-2001 90048 035 ***150.00

Principal Place of Business

5952 N.E. 2ND AVENUE
MIAMI FL 33137

Mailing Address

5952 N.E. 2ND AVENUE
MIAMI FL 33137

00020000



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number 65-0582434

Applied For
Not Applicable

Zip

Country

Zip

Country

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

LALEAU, DUFORT
550 N.W. 101ST
MIAMI FL 33150

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 D
NAME LALEAU, DUFORT
STREET ADDRESS 550 N.W. 101ST
CITY-ST-ZIP MIAMI FL 33150 ☐ Delete

TITLE Ruth LaLeau
NAME Ruth LaLeau
STREET ADDRESS 550 NW 101ST
CITY-ST-ZIP MIAMI FL 33150 ☐ Change ☒ Addition

TITLE D
NAME DUPerval, DELINCE
STREET ADDRESS 835 N.W. 118TH STREET
CITY-ST-ZIP MIAMI FL 33168 ☒ Delete

TITLE Iris-Marc LaLeau
NAME Iris-Marc LaLeau
STREET ADDRESS 550 NW 101ST
CITY-ST-ZIP MIAMI FLA 33150 ☐ Change ☒ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

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

TITLE
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STREET ADDRESS
CITY-ST-ZIP ☐ Delete

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CITY-ST-ZIP ☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

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

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (10/00)