

**2003 FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

FILED
May 02, 2003 8:00 am
Secretary of State

05-02-2003 90189 024 ***150.00

DOCUMENT # P95000072735

1. Entity Name
M.C. CLEANERS, INC.



Principal Place of Business
**1848 NORTHWEST 54TH AVENUE
MARGATE FL 33063**

Mailing Address
**1848 NORTHWEST 54TH AVENUE
MARGATE FL 33063**



2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number **65-0614152**

Applied For
Not Applicable

Zip

Country

Zip

Country

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

☐ CHECK HERE IF MAKING CHANGES

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**BOTWIN, HARRIS C
1848 NW 54TH AVENUE
MARGATE FL 33063**

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW!!! FEE IS \$150.00
After May 1, 2003 Fee will be \$550.00
Make Check Payable to Florida Department of State

9. Election Campaign Financing
Trust Fund Contribution. ☐ **\$5.00 May Be Added to Fees**

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP		TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	
	D	<input type="checkbox"/> Delete	BOTWIN, HARRIS C			<input type="checkbox"/> Change <input type="checkbox"/> Addition			
	1848 NORTHWEST 54TH AVENUE		MARGATE FL 33063						
	D	<input type="checkbox"/> Delete	BOTWIN, MARLENE			<input type="checkbox"/> Change <input type="checkbox"/> Addition			
	1848 NORTHWEST 54TH AVENUE		MARGATE FL 33063						
		<input type="checkbox"/> Delete				<input type="checkbox"/> Change <input type="checkbox"/> Addition			
		<input type="checkbox"/> Delete				<input type="checkbox"/> Change <input type="checkbox"/> Addition			
		<input type="checkbox"/> Delete				<input type="checkbox"/> Change <input type="checkbox"/> Addition			
		<input type="checkbox"/> Delete				<input type="checkbox"/> Change <input type="checkbox"/> Addition			

12. 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

SIGNATURE REQUIRED
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/28/03 954 977.882
Date Daytime Phone #

CR2E034 (10/02)