FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

PROFIT CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # P95000091937

1, Corporation Name

MILLER SQUARE CLEANERS, INC.

Principal Place of Business		Mailing Address					
13706 SW 56	ST	13706 SW 56 ST			·		
MIAMI FL 33175		MIAMI FL 33175			DO NOT WRITE IN THIS SP	ACE	
US		US			3. Date Incorporated or Qualified		
					12/04/1995	•	
2 Principal F	Place of Business	2a, Mailing Address			4. FEI Number	Applied For	
21	TIEGO DI DUGINOCO	26			65-0626775	Not Applicable	
Suite, Apt.	#. etc.	Suite, Apt. #, etc		•	_	8.75 Additional	
22	,	27			5. Certifcate of Status Desired	Fee Required	
City & Sta	ite	City & State			6. Election Campaign Financing	\$5.00 May Be	
23	•	28			Trust Fund Contribution	Added to Fees	
Zip	Country	Zip	Co	untry	8. This corporation owes the current year Intang	ible	
24	25	29	30		Personal Property Tax.	Yes □No	
1	9. Name and Address of Curre	nt Registered Agent			10. Name and Address of New Registered Age	int	
				81 Name			
	AR, SYED			82 Street	Address (P.O. Box Number is Not Acceptable)		
	5 SW 95TH AVENUE	.4					
MIA	MI FL 33176	•	·	83			
				84 City		35 Zip Code	
					corporation submits this statement for the purpose of cha		
agent. I a	am familiar with, and accept the obliga	ations of, Section 607.0505	, Florida Sta	itutes.	oration's board of directors. I hereby accept the appointment of the property of the appointment of the property of the appointment of the appoint		
40		ND DIRECTORS	13		ADDITIONS/CHANGES TO OFFICERS AND D	DIRECTORS IN 12	
12. TITLE	PT	DELET		rmle		Change Addition	
NAME	ZAFAR, SYED			NAME			
STREET ADDRESS	ATAK AMI ARTIL MURNING		-	STREET ADDRESS			
CITY-ST-ZIP	MIAMI FL 33176			CITY-ST-ZIP			
TITLE	V	☐ DELET		TITLE		Change	
NAME	LAKHANI, MUHAMMAD			NAME		- —	
STREET ADDRESS	****			STREET ADDRESS			
CITY-ST-ZIP	MIAMI FL			CITY-ST-ZIP	_		
TITLE	S	☐ DELET		ITLE		Change Addition	
NAME	ZAFAR, KHURSHEED			AME			
STREET ADDRESS			-	STREET ADDRESS		•	
CITY-ST-ZIP	MIAMI FL 33176			CITY-ST-ZIP			
TITLE		☐ DELET		ITLE		Change	
NAME	1		4.2	NAME			
STREET ADDRESS	1			STREET ADDRESS		,	
		المناسبين المناسبين المناسبين	·				
· CHIT-ST-ZIP			₹ 440	JIIY-SI-ZIP		_	
TITLE		☐ DELET		CITY-ST-ZIP		Change Addition	
		☐ DELET	E 5.1 T			Change Addition	
TITLE NAME		□ DELET	5.1 T 5.2 N	TITLE		Change Addition	
TITLE		□ DELET	E 5.1 T 5.2 N 5.3 S	TITLE NAME		Change Addition	

14. 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 annual report or supplemental annual 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 12 or Block 13 if changed, or on an attachnient with an address, with all other like empowered.

62 NAME

6.3 STREET ADDRESS

SIGNATURE:

NAME

STREET ADDRESS

MUHAMMAD

(305) 386 4700

FILED

Apr 05, 1999 8:00 am Secretary of State

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