# FOR PROFIT CORPORATION
# UNIFORM BUSINESS REPORT (UBR)

**FILED**
**Jul 06, 2004 8:00 am**
**Secretary of State**
07-06-2004 90002 050 ***150.00

DOCUMENT #: P96000069568

1. Entity Name: Hurricane Cleaners Inc.

**DO NOT WRITE IN THIS SPACE**

54059801
DO NOT WRITE IN THIS SPACE

| 2. Principal Place of Business | 3. Mailing Address |
|---|---|
| 6635 S. Dixie Hwy | 6635 S. Dixie Hwy |
| Suite, Apt. #, etc. | Suite, Apt. #, etc. |
| City & State: Miami, FL | City & State: Miami, FL |
| Zip: 33143 Country | Zip: 33143 Country |

4. FEI Number: 65-0687892 ☐ Applied For ☐ Not Applicable

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

**DO NOT WRITE IN THIS SPACE**

**7. Name and Address of Current Registered Agent**

Name: Mirani, Salih

Street Address (P.O. Box Number is Not Acceptable): 6635 S. Dixie Hwy

City: Miami FL Zip Code: 33143

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) ☐

**January 1 - May 1 Fee is $150.00**
**After May 1, Fee is $550.00**
**Amended UBR is $61.25**
**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 | P |
| NAME | Preisendanz, Hans J. |
| STREET ADDRESS | 6635 S. Dixie Hwy. |
| CITY-ST-ZIP | Miami, FL 33143 |
| TITLE | D |
| NAME | Mirani, Salih |
| STREET ADDRESS | 11251 SW 24 Terrace |
| CITY-ST-ZIP | Miami, FL 33165 |
| TITLE | |
| NAME | |
| STREET ADDRESS | |
| CITY-ST-ZIP | |
| TITLE | |
| NAME | |
| STREET ADDRESS | |
| CITY-ST-ZIP | |
| TITLE | |
| NAME | |
| STREET ADDRESS | |
| CITY-ST-ZIP | |
| TITLE | |
| NAME | |
| STREET ADDRESS | |
| CITY-ST-ZIP | |

| | |
|---|---|
| TITLE | |
| NAME | |
| STREET ADDRESS | |
| CITY-ST-ZIP | |
| TITLE | |
| NAME | |
| STREET ADDRESS | |
| CITY-ST-ZIP | |
| TITLE | |
| NAME | |
| STREET ADDRESS | |
| CITY-ST-ZIP | |
| TITLE | |
| NAME | |
| STREET ADDRESS | |
| CITY-ST-ZIP | |
| TITLE | |
| NAME | |
| STREET ADDRESS | |
| CITY-ST-ZIP | |
| TITLE | |
| NAME | |
| STREET ADDRESS | |
| CITY-ST-ZIP | |

**DO NOT WRITE IN THIS SPACE**

CR2E0348 (12/01)

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 on an attachment with an address, with all other like empowered.

**SIGNATURE:** _____ Salih Mirani 4-29-04 305-274-7215
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #