

2002 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P96000078788

1. Entity Name

PRINCE CLEANERS INC.

Principal Place of Business

12038 SW 88TH ST
MIAMI FL 33186
US
11510 SW 147 AVE
#4
MIAMI FL 33196

2. Principal Place of Business

Suite, Apt. #, etc.

3. Mailing Address

Suite, Apt. #, etc.

City & State

City & State

Zip

Zip

Country

Country

4. FEI Number

65-0710445

Applied For

Not Applicable

5. Certificate of Status Desired

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

ODHWANI, NAZMIN
11510 SW 147 AVE
#4
MIAMI FL 33196

Name

Street Address (P.O. Box Number is Not Acceptable)

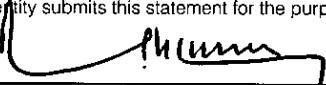
City

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

 [NAZMIN ODHANI]

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, 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
NAME
STREET ADDRESS
CITY-ST-ZIP

D
ODHWANI, NAZMIN
11510 SW 147 AVE #4
MIAMI FL 33196

Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

D
ODHWANI, ZAINAB
11510 SW 147 AVE #4
MIAMI FL 33196

Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

Delete

12.

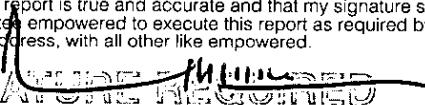
ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

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]

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-24-02 3633875577

Date

Daytime Phone #

CR2E034 (9/01)