2001 UNIFORM BUSINESS REPORT (UBR)

Apr 23, 2001 8:00 am Secretary of State DOCUMENT # P9700000852 1. Entity Name BRICKELL CLEANERS, INC. 04-23-2001 90192 006 ***158.75 Principal Place of Business Mailing Address 120 SW 13TH ST 120 SW 13TH ST MIAMI FL 33130 MIAMI FL 33130 745845 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE City & State City & State Applied For 4. FEI Number 65-0717999 Not Applicable Zip Country Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name FIGUEROA, ANTONIO JR. Street Address (P.O. Box Number is Not Acceptable) 14850 SW 37TH CT MIRAMAR FL 33027 Zip Code City FL 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) FILE NOW!!! FEE IS \$150.004.68.74 9. This corporation is eligible to satisfy its Intangible Election Campaign Financing \$5.00 May Be Tax filing requirement and elects to do so. After MAY 1, 2001 Fee will be \$550.00 Trust Fund Contribution. Added to Fees (See criteria on back) Make Check Payable to Department of State ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 11. OFFICERS AND DIRECTORS 12. CR2E034 (10/00) Change Addition ☐ Delete TITLE TITLE NAMÉ NAME FIGUEROA, ANTONIO JR. STREET ADDRESS STREET ADDRESS 14850 SW 37TH CT CITY-ST-ZIP CITY-ST-ZIP MIRAMAR FL 33027 ☐ Addition TITLE ☐ Change ☐ Delete TITLE STD NAME FIGUEROA, ANTONIO NAME STREET ADDRESS STREET ADDRESS 9017 SW 23RD LANE CITY-ST-ZIP CITY-ST-ZiP MIAMI FL 33165 TITLE Delete TITLE ^ Change -- Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Delete TITLE Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE Delete TITLE Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE Change ☐ Addition NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP

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