

P 9 7 000018568



FLORIDA DEPARTMENT OF STATE

Katherine Harris
Secretary of State

May 29, 2001

Michael Chaleff
Herscher & Herscher, P.A.
1550 Madruga Avenue, Ste. 120
Coral Gables, FL 33146

400004397334--2
-06/11/01--01030--024
*****87.50 *****87.50

SUBJECT: SALAS FAMILY CLEANERS, INC.
Ref. Number: P97000018568

We have received your document for SALAS FAMILY CLEANERS, INC. .
However, the enclosed document has not been filed and is being returned to you
for the following reason(s):

There is a filing fee of \$87.50 to resign as agent from an active corporation. This
fee would apply even if you were fraudulently appointed.

Please return a copy of this letter along with your document to ensure proper
handling.

If you have any questions concerning this matter, please either respond in writing
or call (850) 487-6901.

Susan Payne
Senior Section Administrator

Letter Number: 801A00032718

FILED
01 JUN 11 PM 4:08
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

RA Res.

S. PAYNE JUN 11 2001

FILED

01 JUN 11 PM 4:08

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

May 18, 2001

Florida Department of State
Division of Corporations
409 East Gaines Street
Tallahassee, Florida 32399

VIA CERTIFIED & REGULAR U.S. MAIL

RE: Resignation of Registered Agent
Salas Family Cleaners, Inc.
13607 Coral Way, Miami, Florida 33175
Current Registered Agent : Michael Chaleff

Dear Sir/Madam:

This notice will serve as my Statement of Resignation as Registered Agent for the above-referenced corporation. Please be advised that the 1999 Annual Report, a copy which I have enclosed herewith, states my name and address as the new Registered Agent, together with my purported signature.

Please note that I never gave my written consent to be the Registered Agent for this corporation. The signature which appears in Section 11 is not my signature. I had no knowledge that my name had been submitted as the corporation's Registered Agent, nor that my signature was forged.

A copy of the herein Statement of Resignation has been mailed to the corporation at the above-referenced address. If you have any questions regarding the above, please do not hesitate to call.

Very truly yours,


Michael Chaleff

Enclosure

cc: Salas Family Cleaners, Inc.

\$550.00-\$550.00

199.

FILED

Jul 29, 1999 8:00 am
Secretary of State

07-29-1999 90020 031 ***550.00

PROFIT
CORPORATION
ANNUAL REPORT
1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P97000018568

1. Corporation Name
SALAS FAMILY CLEANERS, INC.

605403 - 90007 - 3



DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

02/27/1997

4. FEI Number

55-0733734

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional
Fee Required

6. Election Campaign Financing

☐

\$5.00 May Be
Added to Fees

8. This corporation owes the current year
Intangible Personal Property.

☐ Yes

☐ No

9. Name and Address of Current Registered Agent

SALAS, JUAN CARLOS
13607 CORAL WAY
MIAMI FL 33175

10. Name and Address of New Registered Agent

B1

Name

Chaleff, Michael

B2

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

13607 Coral Way

B3

B4

City

Miami

FL

B5

Zip Code

33175

8-6-99

DATE

11. Pursuant to the provisions of sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered agent or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, section 607.0505, Florida Statutes.

SIGNATURE

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

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

DATE

12. OFFICERS AND DIRECTORS

1.1 TITLE

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY-ST-ZIP

1.5 TITLE

1.6 NAME

1.7 STREET ADDRESS

1.8 CITY-ST-ZIP

1.9 TITLE

1.10 NAME

1.11 STREET ADDRESS

1.12 CITY-ST-ZIP

1.13 TITLE

1.14 NAME

1.15 STREET ADDRESS

1.16 CITY-ST-ZIP

1.17 TITLE

1.18 NAME

1.19 STREET ADDRESS

1.20 CITY-ST-ZIP

1.21 TITLE

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1.41 TITLE

1.42 NAME

1.43 STREET ADDRESS

1.44 CITY-ST-ZIP

1.45 TITLE

1.46 NAME

1.47 STREET ADDRESS

1.48 CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY-ST-ZIP

1.5 TITLE

1.6 NAME

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1.45 TITLE

1.46 NAME

1.47 STREET ADDRESS

1.48 CITY-ST-ZIP

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 attachment with an address.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

7-26-99 305.223.84

DATE

DAYTIME PHONE #