## 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 # P97000041871

BISCAYNE PLAZA CLEANERS, INC.

Principal	Place	of Busine	55
	<b>.</b> .		

## **FILED** Apr 29, 1999 8:00 am Secretary of State

04-29-1999 90225 036 \*\*\*150.00



Principal Place	of Business	Mailing Address			i indiine ite lein leur ann ann ann	) <b>65</b> 111 51661 11661 15	ete e <b>ala</b> te erat erat
19990 N.W. 65TH COURT 19990 N.W. 65TH COURT MIAMI FL 33015		DO NOT WRITE IN	THIS SPACE				
					3. Date Incorporated or Qualifed		
					05/07/1997		
2. Principal Pla	ace of Business	2a. Mailing Address	_		4, FEI Number		Applied For
21		26			65-0759039		Not Applicable
Suite, Apt. #	t, etc.	Suite, Apt. #, etc.			5. Certifcate of Status Desired	<b>+</b>	Additional
22	· ·	27			3. Certificate of Carios Beening		Required
City & State		City & State			6. Election Campaign Financing		May Be
23		28			Trust Fund Contribution		d to Fees
Zip	Country	Zip	Country	y	8. This corporation owes the current ye	ear intangible Z Yes	□No
24 -	25	29 30	1		Personal Property Tax.  10. Name and Address of New Regis		
	9. Name and Address of Curren	t Registered Agent	81	Name			
RAI F	DINA, SULEMAN	•		}	The second secon		
	0 N.W. 65TH COURT		82	Street Ad	dress (P.O. Box Number is Not Acceptable)		
	N FL 33015		83	-			
			84	City		FL  85   Zi	p Code
44 Dumuent t	to the provisions of Sections 607 050	12 and 607 1508. Florida Statutes.	the abov	ve-named co	progration submits this statement for the purpation's board of directors. I hereby accept the	ose of changing	its registered
office or re	egistered agent, or both, in the State	of Florida, Such change was auth	orized by	y the corpora	progration submits this statement for the purp- ation's board of directors. I hereby accept the	appointment as	registered
agent. I ar	m tamiliar with, and accept the obliga	Ations of, Section 607.0505, Fields	- Ciaiaio	<b>.</b>			
SIGNATURE	Signature, typed or printed name of registered age	ent and title if applicable. (NOTE: Re	gistered Age	ent signature requ	Olieo Mileti telliserimist	ATE	
12.		ND DIRECTORS	13.		- ADDITIONS/CHANGES TO OFFICE		
TITLE	D	☐ DELETE	1.1 TITLE	}		Chang	e D Addition
NAME	BALEDINA, SULEMAN		1.2 NAME				
STREET ADDRESS	19990 N.W. 65TH COURT		1.3 STREI	ET ADDRESS	•		
CITY-ST-ZIP	MIAMI FL 33015		1.4 CITY-	ST-ZIP		Chang	e [] Addition
TITLE		☐ DELETE	2.1 TITLE			Chang	,
NAME			2.2 NAME				
STREET ADDRESS			l.	ET ADDRESS			
CITY-ST-ZIP			z. 4 CITY			Chang	ge
TITLE		☐ DELETE	3.1 TITLE			ي ما	٠
NAME			3.2 NAME				
\$TREET ADDRESS	•		•	ET ADDRESS			
CITY-ST-ZIP		☐ DELETE	3.4. C/TY 4.1 TITLE			Chang	ge 🔲 Addition
TITLE			4.1 IIICE	i i			
NAME	•			ET ADDRESS			
STREET ADDRESS							
CITY-ST-ZIP		DELETE	4.4 CITY- 5.1 TITLE			Chan	ge Addition
TITLE		p===.c	5.2 NAME	,		,	
NAME				ET ADDRESS	•		
STREET ADDRESS	Jan ( ⊒		5,4 CITY				
CITY-ST-ZIP		DELETE	6.1 TITLE			☐ Chan	ge 🗌 Addition
1			6,2 NAM	E			
NAME			6.3 STRE	ET ADDRESS			
STREET ADDRESS			6.4 CITY	-ST-ZIP			<u> </u>

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, with all other like empowered.

SIGNATURE: