

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P97000042944

1. Entity Name
A & L CLEANING CORP.

FILED
May 16, 2001 8:00 am
Secretary of State

05-16-2001 90020 023 ***158.75

Principal Place of Business

2180 BAY DRIVE
#5B
MIAMI BEACH FL 33141

Mailing Address

2180 BAY DRIVE
#5B
MIAMI BEACH FL 33141

550227



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

5235 N. Dixie Hwy
Suite, Apt. #, etc.
B-2

3. Mailing Address

5235 N. Dixie Hwy
Suite, Apt. #, etc.
B-2

City & State

Fort Lauderdale

City & State

Fort Lauderdale

Zip
33334

Country
Broward

Zip
33334

Country
Broward

4. FEI Number 65-0723219

Applied For
Not Applicable

5. Certificate of Status Desired

☒ \$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

CASTANHEIRA, CLAUDIO L
2180 BAY DRIVE
#5B
MIAMI BEACH FL 33141

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

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, 2001 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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
D
CASTANHEIRA, CLAUDIO L
2180 BAY DR #5B
MIAMI BEACH FL 33141 ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
P/S/D
CASTANHEIRA, CLAUDIO L
5235 N. Dixie Hwy B2
Fort Lauderdale - FL 33334 ☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition

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CITY-ST-ZIP ☐ Delete

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 an other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (10/00)