

# 2000 UNIFORM BUSINESS REPORT (UBR)

**FILED**

**Feb 26, 2000 8:00 am**  
**Secretary of State**

02-26-2000 90069 032 \*\*\*150.00

**DOCUMENT # P97000059442**

1. Entity Name

**PRESTIGE DRY CLEANERS, INC.**

Principal Place of Business

Mailing Address

3663 S FED HWY  
BOYNTON BCH FL 33435  
US

4314 NORTHWEST 71 DRIVE  
CORAL SPRINGS FL 33065-2127

**80027663**



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

**65-0766848**

Applied For

Not Applicable

Zip

Country

Zip

Country

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

**PITTER, CARL S**  
**7447 NORTH WEST 57 STREET**  
**TAMARAC FL 33319**

Name

**CARL S. PITTER SMALL BUS ACCOUNTING**

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

**BIG LOTS PLAZA**

**7447 N.W. 57<sup>TH</sup> STREET**

City

**TAMARAC**

**FL**

Zip Code

**33319**

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, 2000 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	DPT	<input type="checkbox"/> Delete
NAME	DENNIS, HAYDEN	
STREET ADDRESS	4314 NORTHWEST 71 DRIVE	
CITY-ST-ZIP	CORAL SPRINGS FL 33065	
TITLE	DV	<input type="checkbox"/> Delete
NAME	DENNIS, TINUTA	
STREET ADDRESS	4314 NORTHWEST 71 DRIVE	
CITY-ST-ZIP	CORAL SPRINGS FL 33065	
TITLE	SD	<input type="checkbox"/> Delete
NAME	DENNIS, TRACEY	
STREET ADDRESS	4314 NORTHWEST 71 DRIVE	
CITY-ST-ZIP	CORAL SPRINGS FL 33065	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
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.

SIGNATURE

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (9/99)