

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P97000066450

1. Entity Name

ARTS CLEANING, INC.

FILED
Mar 15, 2000 8:00 am
Secretary of State

03-15-2000 90027 046 ***150.00

Principal Place of Business

9321 NW 33 PLACE
SUNRISE FL 33351

Mailing Address

9321 NW 33 PLACE
SUNRISE FL 33351-7122

2. Principal Place of Business

9321 NW 33 PL

Suite, Apt. #, etc.

3. Mailing Address

9321 NW 33 PL

Suite, Apt. #, etc.

City & State

Sunrise FL

Zip

33351

Country

USA

City & State

Sunrise FL

Zip

33351

Country

USA

4. FEI Number

65-0771190

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

ATKINSON, ART
9321 NW 33 PLACE
SUNRISE FL 33322

7. Name and Address of New Registered Agent

Name

Art Atkinson

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

9321 NW 33 PL

City

Sunrise

FL

Zip Code

33351

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

TITLE ☐ Delete
NAME D
STREET ADDRESS BRICE, KHAULAH
CITY-ST-ZIP 9321 NW 33 PLACE
SUNRISE FL 33351

TITLE ☐ Delete
NAME D
STREET ADDRESS ATKINSON, ART
CITY-ST-ZIP 9321 NW 33 PLACE
SUNRISE FL 33351

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

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

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

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

TITLE ☐ Change ☐ Addition
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CITY-ST-ZIP

TITLE ☐ Change ☐ 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

3/14/00

Date

904-747-8894

Daytime Phone #