

# 2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Jan 08, 2003 8:00 am**  
**Secretary of State**

01-08-2003 90013 016 \*\*\*150.00

**DOCUMENT # P97000098964**

1. Entity Name  
**ROYCE DRY CLEANERS, INC.**



Principal Place of Business  
**8900 S.W. 107TH AVENUE SUITE 302 MIAMI FL 33170**  
*16770 SW 88th St*  
Mailing Address  
**15445 SW 145 CT MIAMI FL 33177 US**

**400010666**



2. Principal Place of Business  
**16770 SW 88th St**

3. Mailing Address

Suite, Apt. #, etc.  
**MIAMI FL**

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number  
**65-0796904**

Applied For  
Not Applicable

☐ CHECK HERE IF MAKING CHANGES

Zip  
**33196**

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

**SIDDIQKARA, ABDUR R**  
**15445 SW 145 COURT**  
**MIAMI FL 33177**

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

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

(NOTE: Registered Agent signature required when reinstating)

DATE

**FILE NOW!!! FEE IS \$150.00**

**After May 1, 2003 Fee will be \$550.00**

**Make Check Payable to Florida Department of State**

9. Election Campaign Financing  
Trust Fund Contribution. ☐ **\$5.00 May Be Added to Fees**

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
**PD**  
**SIDDIQKARA, ABDUR R**  
**1544 SW 145 COURT**  
**MIAMI FL 33177**

☐ Delete

TITLE  
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STREET ADDRESS  
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12. 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 10 or Block 11 if changed, or on an attachment with an address with all other like empowered.

SIGNATURE:

**SIGNATURE REQUIRED**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (10/02)