FILED
May 21, 2002 8:00 am
Secretary of State
05-21-2002 90882 002 ***150.00

FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P98000072541

1. Entity Name: LAGUERRE FAMILY CLEANERS INC.

000249

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business	3. Mailing Address
104 W MOWRY DR.	104 W MOWRY DR
Suite, Apt #, etc	Suite, Apt #, etc
City & State: HOMESTEAD, FL	City & State: HOMESTEAD FL
Zip: 33030 / Country: DADE	Zip: 33030 / Country: DADE

DO NOT WRITE IN THIS SPACE

4. FEI Number: 65-0862072 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ $8.75 Additional Fee Required

DO NOT WRITE IN THIS SPACE

7. Name and Address of Current Registered Agent
Name: ANDRE LAGUERRE
Street Address (P.O. Box Number is Not Acceptable): 1762 N W 5th AVE
City: HOMESTEAD FL Zip Code: 33030

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) ☐

January 1 - May 1 Fee is $150.00
After May 1, Fee is $550.00
Amended UBR is $61.25
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	PD	TITLE	
NAME	LAGUERRE ANDRE	NAME	
STREET ADDRESS	1762 N.W. 5th AVE	STREET ADDRESS	
CITY-ST-ZIP	HOMESTEAD, FL 33030	CITY-ST-ZIP	
TITLE	VD	TITLE	
NAME	LAGUERRE, MARIE F	NAME	
STREET ADDRESS	1762 N W 5th AVE	STREET ADDRESS	
CITY-ST-ZIP	HOMESTEAD FL 33030	CITY-ST-ZIP	
TITLE		TITLE	
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
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CITY-ST-ZIP		CITY-ST-ZIP	

DO NOT WRITE IN THIS SPACE

CR2E034B (12/01)

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 on an attachment with an address, with all other like empowered.

SIGNATURE: André Laguerre
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date

Daytime Phone #: 305-246-5707