

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P98000087868

1. Entity Name

NO LIMIT DRY CLEANING, INC.

**FILED**  
**May 31, 2000 8:00 am**  
**Secretary of State**

05-31-2000 90102 019 \*\*\*150.00

00057714

Principal Place of Business Mailing Address

4100 STAGHORN LANE 4100 STAGHORN LANE  
WESTON, FL 33331 WESTON, FL 33331

2. Principal Place of Business

810 Gateshead Court

Suite, Apt. #, etc.

3. Mailing Address

11309 Knot Way

Suite, Apt. #, etc.

DO NOT WRITE IN THIS SPACE

City & State

Southlake, TX

City & State

Cooper City, FL

4. FEI Number

65-0873415

Applied For

Not Applicable

Zip

Country

76092

U.S.A.

Zip

33026

Country

U.S.A.

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

Name

Tara A. DiPasquale

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

11309 Knot Way

City

Cooper City

FL

Zip Code

33026

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

5/19/00

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 ☐ Delete  
NAME D  
STREET ADDRESS CONSUELA TEAGUE  
CITY-ST-ZIP 4100 STAGHORN LANE  
WESTON, FL 33331

TITLE ☒ Change ☐ Addition  
NAME D  
STREET ADDRESS Consuela Teague  
CITY-ST-ZIP 810 Gateshead Court  
Southlake, TX 76092

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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

TITLE ☐ Delete  
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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

Date

Daytime Phone #

5/19/00 (234) 435-5501

CR2E034 (9/99)