

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P99000002503

1. Entity Name

VIODAL CLEANERS, INC.

FILED
May 09, 2000 8:00 am
Secretary of State

05-09-2000 90061 031 ***150.00

Principal Place of Business

9016 ABBOTT AVENUE
 MIAMI BEACH FL 33154

Mailing Address

9016 ABBOTT AVENUE
 MIAMI BEACH FL 33154-3236

2. Principal Place of Business

826-828 125 Street
 Suite, Apt. #, etc.

3. Mailing Address

826-828 125 Street
 Suite, Apt. #, etc.



DO NOT WRITE IN THIS SPACE

City & State

North Miami FL

City & State

North Miami FL

4. FEI Number

65-0913596

Applied For

Not Applicable

Zip

33161

Country

Dade

Zip

33161

Country

Dade

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

DALY, ARNALDO
 9016 ABBOTT AVENUE
 MIAMI BEACH FL 33154

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.

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 ☐ Delete
 NAME D
 STREET ADDRESS DALY, ARNALDO
 CITY-ST-ZIP 9016 ABBOTT AVENUE
 MIAMI BEACH FL 33154

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

TITLE ☐ Delete
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 CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
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TITLE ☐ Change ☐ Addition
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 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 life empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Arnaldo Daly 4126100

Date

Daytime Phone #

CR2E034 (9/99)