2000 UNIFORM BUSINESS REPORT (UBR)

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME O

FILED DOCUMENT # **P99000015491** Mar 28, 2000 8:00 am **Secretary of State** FRENCH CLEANERS CORP. 03-28-2000 90050 010 ***150.00 Principal Place of Business Mailing Address 18707 OCEAN MIST DRIVE 18707 OCEAN MIST DRIVE **BOCA RATON FL 33498** BOCA RATON FL 33498-4911 2. Principal Place of Business 3. Mailing Address DO NOT WRITE IN THIS SPACE Applied For 4. FEI Number Not Applicable \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent MENDELSOHN, STEPHEN A Street Address (P.O. Box Number is Not Acceptable) 2600 N. MILITARY TRAIL, FOURTH FLOOR **BOCA RATON FL 33431** Zip Code FL 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 tipe if applicable DATE FILE NOW!!!\FEE IS \$150.00 9. This corporation is eligible to satisfy its Inta 10. Election Campaign Financing \$5.00 May Be After MAY 1, 2000 Fee will be \$550.00 Tax filing requirement and elects to do so. Trust Fund Contribution. Added to Fees (See criteria on back) Make Check Payable to Department of State ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 11. OFFICERS AND DIRECTORS 12. DERSIDIENT ☐ Addition ☐ Delete TITLE TITLE ETAN BERGER BERGER, ETAN NAME NAME STREET ADDRESS 18707 OCEAN-MIST DRIVE STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIF **BOCA RATON FL 33498** Addition ☐ Defete TITLE NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change Addition ☐ Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-7IP Addition ☐ Change ☐ Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Addition ☐ Change ☐ Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Addition ☐ Change Delete TITLE NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ornation 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 upplemental 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 beiver or trustee empowered to execute this eport of required by Chapter 607, Florida Statutes; and that my name appears in Block 11 or Block 12 if 13. I hereby certify that the inforindicatéd on this report or s of the corporation or the re changed, or on an attach