

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P99000020351

1. Entity Name

WILLIAMS DRY CLEANING, INC.

FILED
Apr 27, 2000 8:00 am
Secretary of State

04-27-2000 90123 035 ***150.00

Principal Place of Business

631 NW 189 TERR
MIAMI FL 33169

Mailing Address

631 NW 189 TERR
MIAMI FL 33169-3960

2. Principal Place of Business

7760 NW 44TH ST
Suite, Apt. #, etc.
SUNRISE, FL
City & State

3. Mailing Address

7760 NW 44TH ST
Suite, Apt. #, etc.
SUNRISE, FL
City & State



DO NOT WRITE IN THIS SPACE

Zip
33351

Country
BROWARD

Zip

Country
BROWARD

4. FEI Number

65-0901015

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

WILLIAMS, HUGH
631 NW 189 TERR
MIAMI FL 33169

7. Name and Address of New Registered Agent

Name
HUGH WILLIAMS
Street Address (P.O. Box Number is Not Acceptable)
7760 NW 44TH ST
SUNRISE, FL 33351
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

TITLE NAME STREET ADDRESS CITY-ST-ZIP	OFFICER HUGH WILLIAMS 7760 NW 44TH ST SUNRISE, FL 33351	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

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

4-20-2000 954-741-2186

Date

Daytime Phone #

CR2E034 (9/99)