

2000 UNIFORM BUSINESS REPORT (UBR)

3/1

FILED
May 12, 2000 8:00 am
Secretary of State

03-14-2000 90045 041 ***150.00

DOCUMENT # P99000029004

1. Entity Name

WARD CITY CLEANERS, INC.

Principal Place of Business

3310 MALLARD CLOSE
POMPANO BEACH FL 33064

Mailing Address

3310 MALLARD CLOSE
POMPANO BEACH FL 33064-2023

2. Principal Place of Business

6 NE 3RD ST.

Suite, Apt. #, etc.

3. Mailing Address

6203 NW 45th AVE

Suite, Apt. #, etc.

City & State

Pompano Beach, FL

City & State

Coconut Creek, FL

Zip

Country

33060

BRW

Zip

Country

33073

BRW

4. FEI Number

65-0914926

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

O'MALLEY, MARY M
3310 MALLARD CLOSE
POMPANO BEACH FL 33064

7. Name and Address of New Registered Agent

Name

O'Malley, Mary M.

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

6203 NW 45th AVE

Coconut Creek, FL

33073

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 **P**
NAME **O'MALLEY, RUSSELL T**
STREET ADDRESS **3310 MALLARD CLOSE**
CITY-ST-ZIP **POMPANO BEACH FL 33064**

☐ Delete

TITLE
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CITY-ST-ZIP

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12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE **P**
NAME **O'Malley, Russell T**
STREET ADDRESS **6203 NW 45th AVE**
CITY-ST-ZIP **Coconut Creek, FL 33073**

☒ Change ☐ Addition

TITLE
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CITY-ST-ZIP

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☐ Change ☐ 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: **Russell T O'Malley**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/07/00

Date

954-942-5755

Daytime Phone #

CR2E034 (9/99)