

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P99000048724

1. Entity Name

TRI COUNTY CLEANERS INC.

Principal Place of Business

5781 S.W. 88TH TERR.
COOPER CITY FL 33328

Mailing Address

5781 S.W. 88TH TERR.
COOPER CITY FL 33328-5153

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

65-0929331

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

RODEL, JERRY
5781 S.W. 88TH TERR.
COOPER CITY FL 33328

7. Name and Address of New Registered Agent

Name

JERRY ROEDEL

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

TITLE	P	<input type="checkbox"/> Delete
NAME	DEMBOWITZ, DAVID A	
STREET ADDRESS	2995 CHAPEL AVE., K9G	
CITY-ST-ZIP	CHERRY HILL NJ 08002	
TITLE	S	<input type="checkbox"/> Delete
NAME	ROEDEL, JERRY	
STREET ADDRESS	5781 S.W. 88TH TERR.	
CITY-ST-ZIP	COOPER CITY FL 33328	
TITLE	T	<input type="checkbox"/> Delete
NAME	ROEDELSEIMER, BELLA	
STREET ADDRESS	200 BERKLEY RD., 219LK	
CITY-ST-ZIP	HOLLYWOOD FL 33024	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

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

DAVID A. DEMBOWITZ

1/20/00

305-439-2767

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (9/99)

FILED
May 24, 2000 8:00 am
Secretary of State

04-23-2000 90010 028 ***150.00



DO NOT WRITE IN THIS SPACE