

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 07, 2003 8:00 am
Secretary of State

04-07-2003 90967 006 ***150.00

DOCUMENT # P99000053910

1. Entity Name
BIG DADDY'S CLEANERS & LAUNDRY, INC.



Principal Place of Business
15300 SW 145 CT.
MIAMI FL 33177

Mailing Address
15300 SW 145 CT.
MIAMI FL 33177

2. Principal Place of Business
8596 Bird Road
Suite, Apt. #, etc.

3. Mailing Address
8596 Bird Road
Suite, Apt. #, etc.

City & State
Miami FL
Zip
33155
Country
Dade

City & State
Miami FL
Zip
33155
Country
Dade

4. FEI Number **65-0933554**

Applied For
Not Applicable

5. Certificate of Status Desired ☐ **\$8.75 Additional Fee Required**

☒ **CHECK HERE IF MAKING CHANGES**

6. Name and Address of Current Registered Agent

SIDDIQKARA, FARYAL
15300 SW 145 CT.
MIAMI FL 33177

Name
Alvin Hussey.
Street Address (P.O. Box Number is Not Acceptable)
8596 Bird Road
City **Miami** **FL** **Zip Code** **33155**

7. Name and Address of New Registered Agent

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE **(NOTE: Registered Agent signature required when reinstating)** **DATE**

FILE NOW!!! FEE IS \$150.00
After May 1, 2003 Fee will be \$550.00
Make Check Payable to Florida Department of State

9. Election Campaign Financing ☐ **\$5.00 May Be Added to Fees**
Trust Fund Contribution.

10. OFFICERS AND DIRECTORS

TITLE **PD** ☒ **Delete**
NAME **SIDDIQKARA, FARYAL**
STREET ADDRESS **15300 SW 145 CT.**
CITY-ST-ZIP **MIAMI FL 33177**

TITLE ☐ **Delete**
NAME
STREET ADDRESS
CITY-ST-ZIP

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CITY-ST-ZIP

TITLE ☐ **Delete**
NAME
STREET ADDRESS
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE **PD** ☒ **Change** ☐ **Addition**
NAME **ALVIN HUSSEY**
STREET ADDRESS **8596 SW 40th Street**
CITY-ST-ZIP **Miami FL 33155**

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

TITLE ☐ **Change** ☐ **Addition**
NAME
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CITY-ST-ZIP

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

12. 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: **REQUIRED**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (10/02)