

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 02, 2002 8:00 am
Secretary of State

04-02-2002 90941 001 ***150.00

DOCUMENT # P99000054621

1. Entity Name
VICTORIA DRY CLEANER CORP.

Principal Place of Business Mailing Address
3801 N.W. 12TH AVENUE 3801 N.W. 12TH AVENUE
MIAMI FL 33127 MIAMI FL 33127

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 **65-0986883** Applied For
 Not Applicable

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

6. Name and Address of Current Registered Agent

SOLORZANO, LUIS
3801 N.W. 12TH AVENUE
MIAMI FL 33127

7. Name and Address of New Registered Agent

Name
 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]* **LUIS SOLORZANO** **3/18/02**
 Signature of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE
PRESIDENT

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, 2002 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	DP	<input type="checkbox"/> Delete
NAME	SOLORZANO, LUIS	
STREET ADDRESS	3801 NW 12TH AVENUE	
CITY-ST-ZIP	MIAMI FL 33127	
TITLE	DS	<input checked="" type="checkbox"/> Delete
NAME	SOLORZANO, VICTORIA	
STREET ADDRESS	3801 NW 12TH AVENUE	
CITY-ST-ZIP	MIAMI FL 33127	
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	D.S.	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	HUAY HUA, VICTORIA	
STREET ADDRESS	3801 NW 12TH AVE	
CITY-ST-ZIP	MIAMI, FL 33127	
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: *[Signature]* **LUIS SOLORZANO** **3/18/02** **(305) 638-9688**
 Signature and typed or printed name of signing officer or director Date Daytime Phone #
PRESIDENT

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CR2E034 (9/01)