

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # **P990000069272**

1. Entity Name
Doe's Dry Cleaners Inc.

FILED

00 MAR -8 AM 11:55

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Principal Place of Business
11865 Coral Way #E8
Miami FL 33175

Mailing Address
11865 Coral Way #E8
Miami FL 33175

2. Principal Place of Business
11865 Coral Way
Suite, Apt. #, etc.
E8
City & State
Miami FL
Zip
33175

3. Mailing Address
11865 Coral Way
Suite, Apt. #, etc.
E8
City & State
Miami FL
Zip
33175

Country
Miami Dade

4. FEI Number
65-0938457-

Applied For
☐ Not Applicable

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

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent
Alan Doe
9678 Fontainebleau Blvd #307
Miami FL 33172

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 **Alan Doe** President **3/7/00**
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 President	<input type="checkbox"/> Delete
NAME Alan Doe	
STREET ADDRESS 9678 Fontainebleau Blvd #307	
CITY-ST-ZIP Miami FL 33172	
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 Secretary	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME Gloria M. Harrero	
STREET ADDRESS 9678 Fontainebleau Blvd #111	
CITY-ST-ZIP Miami FL 33172	
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: **Alan Doe** 3/7/00 305-559-0299
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #