

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P99000079707

1. Entity Name

COMBS UNIQUE CHEM-DRY INC.

FILED

Jun 01, 2000 8:00 am
Secretary of State

06-01-2000 90001 006 ***150.00

Principal Place of Business

Mailing Address

3389 SHERIDAN STREET
P.M.B. 219
HOLLYWOOD FL 33021

3389 SHERIDAN STREET
P.M.B. 219
HOLLYWOOD FL 33021-3606

2. Principal Place of Business

3811 S.W. 47th Ave
Suite, Apt. #, etc.
633

City & State

FL LAUD. FL

Zip

33314

Country

BROWARD

3. Mailing Address

3811 SW 47th Avenue
Suite, Apt. #, etc.
633

City & State

Ft. Lauderdale FL

Zip

33314

Country

Broward



DO NOT WRITE IN THIS SPACE

4. FEI Number

65-0948362

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

MODAS, DANEIL A
1215 S.E. 2ND AVENUE, #202
FT. LAUDERDALE FL 33335

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, 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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE PD
NAME MECNER, OLIVER M
STREET ADDRESS 4050 S.W. 72ND WAY
CITY-ST-ZIP DAVIE FL 33314 ☐ Delete

TITLE
NAME OLIVER M. MECNER ☒ Change ☐ Addition
STREET ADDRESS 3811 S.W. 47th Ave #633
CITY-ST-ZIP Ft. LAUD. FL 33314

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

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

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CITY-ST-ZIP ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ 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 or 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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

5/23/00 L9547 763.2960

CR2E034 (9/99)