

5/22

FILED

Jun 20, 2001 8:00 am
Secretary of State

05-22-2001 90028 043 ***158.75

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P99000093795

1. Entity Name

DOUBLE CLEANING, INC.

NOTE:

Principal Place of Business

2700 APALACHEE ROAD
WEST PALM BEACH FL 33408

Mailing Address

2700 APALACHEE ROAD
WEST PALM BEACH FL 33408

5603 LAKE GEORGE PL

5603 LAKE GEORGE PL

LAKE WORTH FL 33463

LAKE WORTH FL 33463

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

HENAO, LUZ M

2700 APALACHEE ROAD
WEST PALM BEACH FL 33408

RUBEN ECHEVARRIA

5603 LAKE GEORGE PL

LAKE WORTH FL 33463

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 registering)

DATE

RUBEN D ECHEVARRIA

6-14-01

9. This corporation is eligible to satisfy its intangible
Tax filing requirements and elects to do so.
(See criteria on back) ☐

FILE NOW!!! FEE IS \$150.00

After MAY 1, 2001 Fee will be \$350.00

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
NAME
STREET ADDRESS
CITY - ST - ZIPHENAO, LUZ M
2700 APALACHEE ROAD
WEST PALM BEACH FL 33408☐ DeleteTITLE
NAME
STREET ADDRESS
CITY - ST - ZIP☐ Change ☐ AdditionTITLE
NAME
STREET ADDRESS
CITY - ST - ZIPHENAO, JOSE YESID
2700 APALACHEE ROAD
WEST PALM BEACH FL 33408☐ DeleteTITLE
NAME
STREET ADDRESS
CITY - ST - ZIP☐ Change ☐ AdditionTITLE
NAME
STREET ADDRESS
CITY - ST - ZIPRUBEN D ECHEVARRIA
5603 LAKE GEORGE PL
LAKE WORTH FL 33463☐ DeleteTITLE
NAME
STREET ADDRESS
CITY - ST - ZIP☐ Change ☐ AdditionTITLE
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NAME
STREET ADDRESS
CITY - ST - ZIP☐ Change ☐ AdditionTITLE
NAME
STREET ADDRESS
CITY - ST - ZIP☐ DeleteTITLE
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 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

RUBEN D ECHEVARRIA

1-28-01 561)368 6222

Date

Daytime Phone

RUBEN D ECHEVARRIA 5-15-2001

TEL:

561)3520576

CR2004 (10/00)