2003 FOR PROFIT CORPORATION

Apr 21, 2003 8:00 am Secretary of State **UNIFORM BUSINESS REPORT (UBR)** P99000093795 DOCUMENT # 1. Entity Name 04-21-2003 90456 029 ***150.00 DOUBLE CLEANING, INC. Mailing Address Principal Place of Business DOUBLE CLEANING INC 2600 NORTHWEST 5TH AVE PO BOX 294032 **BOCA RATON FL 33431 BOCA RATON FL 33429** 3. Mailing Address 2. Principal Place of Business 1581 FERNGRAN <u>P.O. Box Z94032</u> Suite, Apt. #, etc. Suite, Apt. #, etc X CHECK HERE IF MAKING CHANGES Applied For City & State 4. FEI Number City & State 65-0957702 BOCA RATON BEACH Not Applicable WEST PAIN Country \$8.75 Additional 5. Certificate of Status Desired 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent ECHEVARRIA, RIBEN Street Address (P.O. Box Number is Not Acceptable) **5603 LAKE GEORGE PLACE** LAKE WORTH FL 33463 Zip Code City 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) Signature, typed or printed name of registered agent and title if applicable FILE NOW!!! FEE IS \$150.00 After May 1, 2003 Fee will be \$550.00 9. Election Campaign Financing \$5.00 May Be Trust Fund Contribution. Added to Fees Make Check Payable to Florida Department of State ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 OFFICERS AND DIRECTORS 10. ☐ Addition TITLE Delete TITLE **ECHEVARRIA, RUBEN** NAME NAME FERNGRAN AVE 5603 LAKE GEORGE PLACE STREET ADDRESS STREET ADDRESS F6,33415 LAKE WORTH FL 33463 CITY-ST-ZIP CITY-ST-ZIP ☐ Addition ☐ Change TITLE ☐ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-7IP CITY-ST-ZIP Change Addition ☐ Delete TITLE NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Addition ☐ Change ☐ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITI F Change ☐ Addition □ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete TITLE Addition TITLE NAME NAME

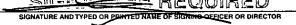
12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my signature shall have the same 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.

STREET ADDRESS

CITY-ST-ZIP

STREET ADDRESS

CITY-ST-7IP



FILED