## 2001 UNIFORM BUSINESS REPORT (UBR)

SIGNATUR

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER

## **FILED** Apr 26, 2001 8:00 am Secretary of State DOCUMENT # **P99000095726** 1. Entity Name CORAL CLEANERS, INC. 04-26-2001 90095 024 \*\*\*150.00 Principal Place of Business Mailing Address 50 SE 4TH AVE 50 SE 4TH AVE DELRAY BEACH FL 33483 DELRAY BEACH FL 33483 LABIODON 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE City & State City & State 4. FEI Number Applied For 59-1744124 Not Applicable Zip Country Zip Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name PERRY, MARK A Street Address (P.O. Box Number is Not Acceptable) 50 SE 4TH AVE **DELRAY BEACH FL 33483** City 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 FILE NOW!!! FEE IS \$150.00 10. Election Campaign Financing \$5.00 May Be Tax filing requirement and elects to do so. After WAY 1, 2001 Fee will be \$550.00 Trust Fund Contribution. Added to Fees (See criteria on back) Make Check Payable to Department of State 11. OFFICERS AND DIRECTORS 12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 DPST TITLE Delete TITLE CR2E034 (10/00) Change □ Addition GOODMAN, JOHN NAME NAME STREET ADDRESS 215 NE 3RD AVE STREET ADDRESS CITY-ST-ZIP **DELRAY BEACH FL 33444** CIFY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change Addition NAME NAME STREET ADDRESS STREET ADORESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY - ST - ZIP TITLE Delete TITLE Change Addition NAME STREET ADDRESS STREET ADDRESS CTTY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE Change Addition NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE Change Addition | NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZiP 13. I hereby certify that the information supplied with this filing closs 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 recover or trustee empowers to execute the report as required by Chapter 607, Florida Statutes; and that my name appears in Block 11 or Block 12 if ne<u>r</u> like emp changed, or on a

JOHN GODDMAN JA