

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P99000099567

1. Entity Name

BEST AMERICAN CLEANERS, INC.

FILED

May 19, 2000 8:00 am
Secretary of State

05-19-2000 90055 018 ***150.00

Principal Place of Business

581 NW 13TH DRIVE
BOCA RATON FL 33486

Mailing Address

581 NW 13TH DRIVE
BOCA RATON FL 33486-3223

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

65-0971112

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

FILINGS, INC.
3732 N.W. 16TH STREET
FT. LAUDERDALE FL 33311-4132

7. Name and Address of New Registered Agent

Name

JUDY MARINACCI

Street Address (P.O. Box Number is Not Acceptable)

581 NW 13 DR

Boca Raton, FL

City

Boca Raton

FL

Zip Code

33486

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)

JUDY MARINACCI - PRES.

(NOTE: Registered Agent signature required when reinstating)

DATE

4-20-00

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 D
NAME MARINACCI, JOSEPH
STREET ADDRESS 581 NW 13TH DRIVE
CITY-ST-ZIP BOCA RATON FL 33486 ☒ Delete

TITLE V.PRES
NAME MARINACCI, ANOREA
STREET ADDRESS 581 NW 13 DR
CITY-ST-ZIP BOCA RATON, FL 33486 ☐ Delete

TITLE PRES
NAME MARINACCI, JUDY
STREET ADDRESS 581 NW 13 DR
CITY-ST-ZIP BOCA RATON, FL 33486 ☐ Delete

TITLE SEC
NAME MARINACCI, JOHN
STREET ADDRESS 581 NW 13 DR
CITY-ST-ZIP BOCA RATON, FL 33486 ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

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

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

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

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

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

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 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 #

4-20-00 (561) 447-7811