

**2000 UNIFORM BUSINESS REPORT (UBR)**

8/2/00-90002-002-\$150.00-\$150.00

DOCUMENT # **P99000108108**

1. Entity Name  
**EMMANUEL DRY CLEANING & ALTERNATIONS, INC.**

FILED

00 SEP 21 PM 2:56

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

Principal Place of Business Mailing Address  
13081 W. SUNRISE BLVD. 13081 W. SUNRISE BLVD.  
SUNRISE FL 33323-0904 SUNRISE FL 33323-0904

2. Principal Place of Business 3. Mailing Address  
*13081 W Sunrise* *9341 Dunhill DR*  
Suite, Apt. #, etc. Suite, Apt. #, etc.

City & State City & State  
*Sunrise FL 33322* *Miramar FL*  
Zip Country Zip Country  
*33025* *USA*

4. FEI Number Applied For  
*65-0978719* Not Applicable  
5. Certificate of Status Desired  \$8.75 Additional Fee Required



DO NOT WRITE IN THIS SPACE

8. Name and Address of Current Registered Agent  
**OSORIO, LIBIA ROSA**  
13081 W. SUNRISE BLVD.  
SUNRISE FL 33323-0904

7. Name and Address of New Registered Agent  
Name *Cruz Quezada*  
Street Address (P.O. Box Number is Not Acceptable)  
*9341 Dunhill DR*  
City *Miramar* FL Zip Code *33025*

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 *X. Cruz Quezada - Owner of Establishment / Libia Osorio - Employee*  
Signature, typed or printed name of registered agent and title if applicable. DATE *7/21/00*

9. This corporation is eligible to satisfy its intangible tax filing requirement and elects to do so.   
FILE NOW!!! FEE IS \$550.00  
After SEPTEMBER 13, 2000 Min. will be \$750.00  
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	<b>D</b>	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>OSORIO, LIBIA ROSA</b>	NAME	
STREET ADDRESS	<b>13081 W. SUNRISE BLVD.</b>	STREET ADDRESS	
CITY-ST-ZIP	<b>SUNRISE FL 33323-0904</b>	CITY-ST-ZIP	
TITLE	<i>Cruz Quezada</i>	TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	<i>Cruz Quezada</i>	NAME	
STREET ADDRESS		STREET ADDRESS	<i>9341 Dunhill DR</i>
CITY-ST-ZIP		CITY-ST-ZIP	<i>MIRAMAR FL. 33025</i>
TITLE		TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE		TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE		TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	

13. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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 807, 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 I am empowered.

SIGNATURE: *X. Cruz Quezada* **SIGNATURE REQUIRED**  
Signature and typed or printed name of signing officer or director. Date *7/21/00* Daytime Phone #

CR2004 (1/00)