

# 2000 UNIFORM BUSINESS REPORT (UBR)

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0148374

DOCUMENT # S90555

1. Entity Name

ARISTOCRAT CLEANERS, INC.

FILED

00 AUG -2 PM 2:17

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

Principal Place of Business

Mailing Address

6745 PEMBROKE ROAD  
PEMBROKE PINES FL 33023

6745 PEMBROKE ROAD  
PEMBROKE PINES FL 33023-2143

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

65-0294816

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional  
Fee Required



DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

SINGER, VIVIANNE  
20355 NE 34TH COURTE  
PENTHOUSE 2721  
AVENTURA FL 33180

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 reinstating)

DATE

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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD SINGER, VIVIANNE 20355 NE 34TH CT AVENTURA FL	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	ST SINGER, VIVIANNE 20355 NE 34TH CT AVENTURA FL	<input type="checkbox"/> Delete
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TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition

900003352819  
08/10/00-01088-002  
\*\*\*\*300.00 \*\*\*\*150.00

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 #

CR2E034 (9/99)

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6745 Pembroke Road • Pembroke Pines, Florida 33023 • (954) 983-5210 • Fax (954) 983-0710

7/26/2000

To Whom It May Concern;

Please forgive the lateness of this check and accept the amount.

My reason is. I was operated for a brain tumor May 9th, at

Aventura Hospital/ by Dr Allen Kantrowitz. I had been ill for

months prior. and not able to attend my business properly,

Finally the cause was determined and then the operation and a  
difficult recovery period.

I went back to work yesterday for a short time and discovered  
these bills.. I would appreciate very much if these amount  
will suffice.

Thanking you for your consideration, I remain

Sincerely

A handwritten signature in cursive script that reads "Vivienne Singer".

Vivienne Singer