

2000 UNIFORM BUSINESS REPORT (UBR)

2/1

DOCUMENT # V61891

1. Entity Name

ACTION DRY CLEANING & DELIVERY SERVICE, INC.

FILED

May 02, 2000 8:00 am
Secretary of State

02-15-2000 90059 005 ***150.00

Principal Place of Business

Mailing Address

3750 E INDUSTRIAL WAY
RIVIERA BEACH FL 33404
US

P.O. BOX 11176
RIVIERA BEACH FL 33419-1176
US

2. Principal Place of Business

3866 PROSPECT AVE

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

RIVIERA BEACH FL

City & State

4. FBI Number

65-0355899

Applied For

Not Applicable

5. Certificate of Status Desired

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

CACOILLO, FERNANDO
P.O. BOX 11176
RIVIERA BEACH FL 33404

7. Name and Address of New Registered Agent

Name CACOILLO, FERNANDO

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

3866 PROSPECT AVE UNIT 16

RIVIERA BEACH FL Zip Code 33404

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

D
NAME CACOILLO, FERNANDO J.
STREET ADDRESS P.O. BOX 11176
CITY-ST-ZIP RIVIERA BEACH FL 33419

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

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CITY-ST-ZIP

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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)(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]*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2/2/00 (861) 845-1177
Date Daytime Phone #

CR2E034 (9/99)