

**FOR PROFIT CORPORATION AMENDED
UNIFORM BUSINESS REPORT (UBR)**

FILED

02 JUL 12 PM 2:45

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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-07/16/02--01041--008
*****61.25 *****61.25

DOCUMENT # V68800
1. Entity Name: First Class Cleaners, Inc.

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business: 1573 Crossbeam Drive
Suite, Apt. #, etc.

3. Mailing Address: 1573 Crossbeam Drive
Suite, Apt. #, etc.

City & State: Casselberry, Florida
Zip: 32707 Country: US

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Zip: 32707 Country: US

4. FEI Number: 59-3146791 Applied For: Not Applicable

5. Certificate of Status Desired: \$8.75 Additional Fee Required

DO NOT WRITE IN THIS SPACE

7. Name and Address of Current Registered Agent
Name: Jeffrey M. Koltun, Esquire
Street Address (P.O. Box Number is Not Acceptable): 557 North Wymore Road
Suite 100
City: Maitland, FL Zip Code: 32751

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]* DATE: 7/10/02

9. This corporation is eligible to satisfy its intangible tax filing requirement and elects to do so. January 1 - May 1 Fee is \$150.00
After May 1, Fee is \$550.00
Amended UBR is \$61.25
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: DPT NAME: Pamela Belinsky STREET ADDRESS: 1573 Crossbeam Drive CITY-ST-ZIP: Casselberry, Florida 32707	TITLE: [Blank] NAME: [Blank] STREET ADDRESS: [Blank] CITY-ST-ZIP: [Blank]
TITLE: DVPS NAME: Michael Shapiro STREET ADDRESS: 11716 Harborside Circle CITY-ST-ZIP: Largo, Florida 34643	TITLE: [Blank] NAME: [Blank] STREET ADDRESS: [Blank] CITY-ST-ZIP: [Blank]
TITLE: [Blank] NAME: [Blank] STREET ADDRESS: [Blank] CITY-ST-ZIP: [Blank]	TITLE: [Blank] NAME: [Blank] STREET ADDRESS: [Blank] CITY-ST-ZIP: [Blank]
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TITLE: [Blank] NAME: [Blank] STREET ADDRESS: [Blank] CITY-ST-ZIP: [Blank]	TITLE: [Blank] NAME: [Blank] STREET ADDRESS: [Blank] CITY-ST-ZIP: [Blank]

**DO NOT WRITE
IN THIS SPACE**

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 607, Florida Statutes; and that my name appears in Block 11 or on an attachment with an address, with all other like empowered.

SIGNATURE: *[Signature]* DATE: 7.3.2002' 407-699-5405

CR2E034B (12/01)