

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Feb 06, 2001 8:00 am
Secretary of State

02-06-2001 90243 004 ***150.00

DOCUMENT # 478422

1. Entity Name

MARY'S COIN WASH & DRY CLEANING, INC.

Principal Place of Business

9711 S. W. 77TH AVENUE
 MIAMI FL 33156-2616

Mailing Address

9711 S. W. 77TH AVENUE
 MIAMI FL 33156-2616

916097



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number **59-1608345**

Applied For

Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired

\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

BARDAKJY, EUGENE
8741 SW 86TH STREET
MIAMI FL 33173

Name **Eugene N. Bardakjy**
 Street Address (P.O. Box Number is Not Acceptable)
12920 NW 20 ST
Pembroke Pines FL
 City **FL** Zip Code **33028**

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

EUGENE N. Bardakjy **Pres**

2/1/01

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, 2001 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	P	<input checked="" type="checkbox"/> Delete
NAME	BARDAKJY, EUGENE	
STREET ADDRESS	8741 SW 86TH STREET	
CITY-ST-ZIP	MIAMI, FL 33173	
TITLE	ST	<input type="checkbox"/> Delete
NAME	BARDAKJY, CHRISTINE	
STREET ADDRESS	8741 SW 86TH STREET	
CITY-ST-ZIP	MIAMI, FL 33173	
TITLE	VP	<input type="checkbox"/> Delete
NAME	BARDAKJY, EUGENE N.	
STREET ADDRESS	12920 NW 20 ST	
CITY-ST-ZIP	PEMBROKE PINES FL	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE	Pres	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Bardakjy Eugene N.	
STREET ADDRESS	12920 N.W. 20 ST.	
CITY-ST-ZIP	Pembroke Pines, FL. 33028	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
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

EUGENE N. Bardakjy

2/1/01

3055959129

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (10/00)