Applied For

\$8.75 Additional

Fee Required

Not Applicable

2001 UNIFORM BUSINESS REPORT (UBR) **DOCUMENT # 701160** 1. Entity Name WASHINGTON CO-OP INC Principal Place of Business Mailing Address 2201 WASHINGTON ST #10 HOLLYWOOD FL 33020 2201 WASHINGTON HOLLYWOOD FL 33020 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. City & State City & State 4. FEI Number NOT APPLICABLE Zip Country Country 5. Certificate of Status Desired 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent _Name Street Address (P.O. Box Number is Not Acceptable) RERGERON CLAUDE

Apr 16, 2001 8:00 am Secretary of State

04-16-2001 90059 044 ****61.25



DO NOT WRITE IN THIS SPACE

2201 WASHINGTON ST. APT 10 HOLLYWOOD FL 33020							
				1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1			
			City			Zip Cod	e
					FL'		
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.							
\cdot							
SIGNATURE							
V							
FILE NOW							ļ.
,			Election Campaign Financing Trust Fund Contribution.		\$5.00 May Be Make Check Payable to Added to Fees Department of State		·
FEE IS \$61.25 Trust Fund Contribution.						State	
10,	OFFICERS AND DIREC	CTORS	11.	ADDITIONS/CHAN	GES TO OFFICERS AND DIRE	CTORS IN	10
TITLE	P	Delete	TITLE			Change	Addition
NAME	BERGERON, C.		NAME		_	- •	
STREET ADDRESS	2201 WASHINGTON ST. #1		STREET ADDRESS	•			(
CITY-ST-ZIP	HOLLYWOOD FL	1	CITY-ST-ZIP	l .			ĺ
TITLE	VP	□ Delete	TITLE			Change	Addition
NAME	FINI, TERESA		NAME		_		
STREET ADDRESS	2201 WASHINGTON ST, APT 10		STREET ADDRESS				(
CITY-ST-ZIP	_HOLLYWOOD_FL		CITY-ST-ZIP	r.			Ì
TITLE	TD	☐ Delete	TITLE .		[-Change	Addition
NAME	LABBE, COLETTE		NAME				
STREET ADDRESS	2201 WASHINGTON, APT 1		STREET ADDRESS				
CITY-ST-ZIP	HOLLYWOOD FL		CITY-ST-ZIP				
TITLE	D	Delete	TITLE			Change	☐ Addition
NAME	DANIELLE, BERCERON		NAME				
STREET ADDRESS	2201 WASHINGTON ST 6		STREET ADDRESS]
CITY-ST-ZIP	HOLLYWOOD FL 33020		CITY-ST-ZIP				
TITLE	D	☐ Delete	TITLE] Change	Addition
NAME	MARTEL, MARC A		NAME				
STREET ADDRESS	2201 WASHINGTON ST, APT 8		STREET ADDRESS)
CITY-ST-ZIP	HOLLYWOOD FL		CITY-ST-ZIP	_ -	-		
TITLE		☐ Delete	TITLE] Change	☐ Addition]
NAME			NAME	•			ĺ
STREET ADDRESS			STREET ADDRESS				}
CITY-ST-ZIP			CITY-ST-ZIP		· · · · · · · · · · · · · · · · · · ·		
12. 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 of frustee empowered to execute this report as required by Chapter 617, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.							

SIGNATURE: