

2001 UNIFORM BUSINESS REPORT (UBR)

00062689 AF

DOCUMENT # A30673

1. Entity Name
MAJESTIC CAR WASH PARTNERSHIP, LTD.

FILED
01 MAR 15 PM 12:00

SECRETARY OF STATE
TALLAHASSEE, FLORIDA



Principal Place of Business
**2781 N. FEDERAL HIGHWAY
FT. LAUDERDALE FL 33306**

Mailing Address
**2781 N. FEDERAL HIGHWAY
FT. LAUDERDALE FL 33306**

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 **65-0237016**

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

Applied For
Not Applicable

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

**BORAKOVE, GERALD L CPA
6196 NW 11TH ST
SUNRISE FL 33313-6116**

7. Name and Address of New Registered Agent

Name

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

City **FL** Zip Code

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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

9. Capital Contributions as Shown on record. **\$200,000.00**

10. Amount of Capital Contributions in FLORIDA to date.

11. MAKE CHECK PAYABLE TO DEPT. OF STATE SEE REVERSE SIDE FOR FEE INFORMATION

A GENERAL PARTNER THAT IS A BUSINESS ENTITY MUST BE REGISTERED AND ACTIVE WITH THIS OFFICE.
NOTE: General Partners MAY NOT be changed on the form; an amendment must be filed to change a general partner.

12. GENERAL PARTNER INFORMATION		13. ADDRESS CHANGES ONLY	
DOCUMENT # NAME STREET ADDRESS CITY-ST-ZIP	L72256 MAJESTIC CAR WASH OF FORT LAUDERDALE, INC. 2781 NORTH FEDERAL HWY. FT. LAUDERDALE FL	STREET ADDRESS	
		CITY-ST-ZIP	300003889443--9 -03/21/01--01011--001 ***526.25 ***526.25
DOCUMENT # NAME STREET ADDRESS CITY-ST-ZIP		STREET ADDRESS	
		CITY-ST-ZIP	
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		CITY-ST-ZIP	
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		CITY-ST-ZIP	

14. 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 is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am a General Partner of the limited partnership or the receiver or trustee empowered to execute this report as required by Chapter 620, Florida Statutes

SIGNATURE: *BERTRAM KAHNMAN* **3/15/01**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER Date Daytime Phone #

CR2E003 (11/00)