## 2001 UNIFORM BUSINESS REPORT (UBR)

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIREC

## **FILED** Mar 19, 2001 8:00 am Secretary of State DOCUMENT # **F76387** 1. Entity Name M & M LAUNDRY, INC. 03-19-2001 90059 036 \*\*\*150.00 Principal Place of Business Mailing Address 1327 DUVAL ST 1026 WHITE SL KEY WEST FL 33040 KEY WEST FL 33040 DUUGAOJIJ 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE Applied For City & State 4. FEI Number City & State 59-2181995 Not Applicable Country \$8.75 Additional Zip – \_\_\_\_ Country 5. Certificate of Status Desired Fee Required\_ 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent Name ESQUINALDO, STEVEN B ESQ. Street Address (P.O. Box Number is Not Acceptable) C/O HORAN, HORAN & ESQUINALDO **608 WHITEHEAD STREET** KEY WEST FL 33040 Zip Code 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 SIGNATURE (NOTE: Registered Agent signature required when reinstating) Signature, typed or printed name of registered agent and title if applicable. FILE NOW!!! FEE IS \$150.00 9. This corporation is eligible to satisfy its Intangible 10. Election Campaign Financing **\$5.00**\_May\_Be After MAY 1, 2001 Fee Will be \$550.00 Tax filing requirement and elects to do so. Trust Fund Contribution. Make Check Payable to Department of State (See criteria on back) OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 12. 11. Change ☐ Addition PDC TITI F □ Delete TITLE SANTIAGO, INOCENTE O NAME NAME STREET ADDRESS STREET ADDRESS 1327 DUVAL ST CITY-ST-ZIP CITY-ST-ZIP KEY WEST FL 33040 ☐ Change ☐ Delete TITLE ☐ Addition STD TITLE NAME SANTIAGO, RAMONA L NAME STREET ADDRESS STREET ADDRESS **1327 DUVL ST** CITY-ST-ZIP CITY-ST-ZIP KEY WEST FL 33040 ☐ Addition ☐ Delete ☐ Change TITI F TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP. ☐ Addition Change ☐ Delete TITLE NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP □ Change ☐ Addition Delete TITLE NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Addition ☐ Delete TITLE ☐ Change TITLE NAME NAME STREET ADDRESS 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 repeiver 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 the other the empowered.