FILED

## 2002 UNIFORM BUSINESS REPORT (UBR)

## Jan 16, 2002 8:00 am Secretary of State **DOCUMENT #** G04868 1. Entity Name 01-16-2002 90096 036 \*\*\*150 00 LE BLANC LINEN WASH, INC. Principal Place of Business Mailing Address C/O A. B. BLANCO C/O A. B. BLANCO R0005365 P.O. BOX 3295 P.O.BOX 3295 SEMINOLE FL 33775 SEMINOLE FL 33775 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE Suite, Apt. #, etc. City & State City & State Applied For 4. FEI Number 59-2259871 Not Applicable Zip Country Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent Name BLANCO, ANITA B. Street Address (P.O. Box Number is Not Acceptable) 11590 SHIPWATCH DRIVE SUITE 441 **LARGO FL 34644** Zip Code City 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 Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) FILE NOW!!! FEE IS \$150.00 9. This corporation is eligible to satisfy its Intangible 10. Election Campaign Financing \$5.00 May Be Tax filing requirement and elects to do so. After May 1, 2002 Fee will be \$550.00 Trust Fund Contribution. Added to Fees (See criteria on back) Make Check Payable to Department of State ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 11, OFFICERS AND DIRECTORS 12. TITLE Change Addition TITLE ☐ Delete NAME BLANCO, ANITA B. NAME STREET ADDRESS 11590 SHIPWATCH DRIVE #441 STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP LARGO FL Change [ Addition TITLE TITLE ☐ Delete BLANCO, RAFAELW 32 BAHAMA CIRCLE NAME NAME BLANCO, RAFAEL W STREET ADDRESS STREET ADDRESS 2417 BAYSHORE BLVD CITY-ST-ZIP CITY-ST-ZIP TAMPA FL TAMPA FL ☐ Delete TITI F Change , - Addition BLANCO, MARCO A NAME BLANCO, MARCO A. NAME: 200 W 58 STREET (12A) STREET ADDRESS 30-W63 STREET, #@3C STREET ADDRESS 10019 CITY-ST-ZIP CITY-ST-ZIP **NEW YORK NY 10023** ☐ Delete Change ☐ Addition TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change ☐ Addition ☐ Defete TITLE TITLE NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Change ☐ Addition TITLE ☐ Delete 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 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: A.B.BLANCO A.B.Blasico

1-9-2002 (727-596:3308