

**FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

FILED
May 21, 2002 8:00 am
Secretary of State

04-03-2002 90034 040 ***150.00

DOCUMENT # 998690

1. Entity Name

J.M.N. LAUNDRY EQUIP. INC.

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

3. Mailing Address

Suite, J.M.N. LAUNDRY EQUIP. INC.
198 N.E. 33 Street

Suite, J.M.N. LAUNDRY EQUIP. INC.
198 N.E. 33 Street

City & State Oakland Park Fl. 33334

City & State Oakland Park Fl. 33334

Zip Country

Zip Country

4. FEI Number

59 2390388

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75 Additional
Fee Required**

7. Name and Address of Current Registered Agent

Name MANUEL KURCBAUM

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

198 N.E. 33 Street

City OAKLAND PARK

FL

Zip Code 33334

**DO NOT WRITE
IN THIS SPACE**

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

MANUEL KURCBAUM MANUEL KURCBAUM

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

4/28/02

DATE

**9. This corporation is eligible to satisfy its Intangible
Tax filing requirement and elects to do so.
(See criteria on back)** ☒

January 1 - May 1 Fee is \$150.00

After May 1, Fee is \$550.00

Amended UBR is \$61.25

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

TITLE NAME STREET ADDRESS CITY-ST-ZIP	<u>PRES.</u> <u>KURCBAUM MANUEL</u> <u>198 N.E. 33 St</u> <u>Oakland Park Fl 33334</u>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<u>Secy. - Tres.</u> <u>John Raimondo</u> <u>198 N.E. 33 St</u> <u>Oakland Park Fl. 33334</u>
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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 on an attachment with an address, with all other like empowered.

SIGNATURE:

John Raimondo John Raimondo

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

954 630 9170

CR2E034B (12/01)