

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

FILED
Apr 22, 2003 8:00 am
Secretary of State

04-07-2003 90980 032 ***150.00

DOCUMENT # **898680**

1. Entity Name **J.M.W. LAUNDRY EQUIP. INC**

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

198 NE 33 St

3. Mailing Address

198 NE 33 St

Suite, Apt. #, etc.

Suite, Apt. #, etc.

DO NOT WRITE IN THIS SPACE

City & State

DAKINWOOD PARK FL

City & State

DAKINWOOD PARK FL

4. FEI Number

592390395

Applied For

Not Applicable

Zip

33334

Country

BROWARD

Zip

33334

Country

BROWARD

5. Certificate of Status Desired

☐

\$8.75 Additional

Fee Required

7. Name and Address of Current Registered Agent

Name **KURCBAUM MANEK**

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

198 NE 33 St

City

DAKINWOOD 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

Manek Kurcbaum

MANEK KURCBAUM

4/18/2003

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

(NOTE: Registered Agent signature required when reinstating)

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 \$190.00

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 **P.**
NAME **KURCBAUM MANEK**
STREET ADDRESS **198 NE 33 St**
CITY-ST-ZIP **DAKINWOOD PARK FL 33334**

TITLE **Jr**
NAME **John Ramonido**
STREET ADDRESS **198 NE 33 St**
CITY-ST-ZIP **DAKINWOOD PARK FL 33334**

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IN THIS SPACE**

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 Ramonido** **John Ramonido**

SIGNATURE AND TYPED OR PRINTED NAME OF FILING OFFICER OR DIRECTOR

Date

Daytime Phone #

9546308170

CR2E034B (12/01)