

2000 UNIFORM BUSINESS REPORT (UBR)**DOCUMENT # H85797**

1. Entity Name

O. B. LAUNDRY LEASING CO.**FILED**
Feb 29, 2000 8:00 am
Secretary of State

02-29-2000 90242 046 ***150.00

Principal Place of Business

**1500 NORTH FEDERAL HIGHWAY
SUITE #200
FT. LAUDERDALE FL 33304**

Mailing Address

**1500 NORTH FEDERAL HIGHWAY
SUITE #200
FT. LAUDERDALE FL 33304-1432**

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

59-2622457

Applied For

Not Applicable

5. Certificate of Status Desired ☐**\$8.75** Additional
Fee Required**6. Name and Address of Current Registered Agent****7. Name and Address of New Registered Agent****MASTRIANA, F. RONALD
1500 N FED HWY STE 200
FT. LAUDERDALE FL 33304**

Name

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

City

FL

Zip Code

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)

DATE

9. This corporation is eligible to satisfy its Intangible
Tax filing requirement and elects to do so.
(See criteria on back) ☐**FILE NOW!!! FEE IS \$150.00**
After MAY 1, 2000 Fee will be \$550.00
Make Check Payable to Department of State10. Election Campaign Financing
Trust Fund Contribution. ☐**\$5.00** May Be
Added to Fees**11. OFFICERS AND DIRECTORS****12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11**

TITLE	DST	<input type="checkbox"/> Delete
NAME	O'BEA, JUDI	
STREET ADDRESS	1718 N.E. 26TH AVENUE	
CITY-ST-ZIP	FT. LAUDERDALE FL	
TITLE	DP	<input type="checkbox"/> Delete
NAME	KAPLAN, JACK	
STREET ADDRESS	1718 N.E. 26TH AVENUE	
CITY-ST-ZIP	FT. LAUDERDALE FL	
TITLE	DVP	<input type="checkbox"/> Delete
NAME	O'BEA, DENNIS	
STREET ADDRESS	1718 N.E. 26TH AVENUE	
CITY-ST-ZIP	FT. LAUDERDALE FL	
TITLE		<input type="checkbox"/> Delete
NAME		
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TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Judi O'Bea D/S/T**2/15/2000**

Date

(954) 561-4070

Daytime Phone #

CR2E034 (9/99)