FILED Apr 25, 2003 8:00 am Secretary of State

04-25-2003 90246 031 ***150.00

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

J38598 **DOCUMENT #**

1. Entity Name

RICHMOND HEIGHTS CAR WASH, INC.

Principal Place 14598 CARVE MIAMI FL 331 US		Mailing Address C/O BOSTIC 14130 SW-T22 CT. MIAMI TE 38186		11017270	1010 6 181
2. Principal P	Place of Business	3. Mailing Address	11		BIBIT BIBIT BIBIT BIBIT BIBIT 1681
		ROMOND	NBIGHTS (ARWASH	: !
Suite, Apt.	.#, etc.	Suite, Apt. #, etc. 0	ARVER DA	e, CHECK HERE IF MAKIN	G CHANGES
City & Star	te	City & State	FL	4. FEI Number 59-2747212	Applied For Not Applicable
Zip	Country	33176	Country	5. Certificate of Status Desired	\$8.75 Additional Fee Required
	6. Name and Address of Current F	Registered Agent		7. Name and Address of New Registered	Agent
BOSTIC, (-14150 SW MIAMI FL		NO HEIGHT		s (P.O. Box Number is Not Acceptable)	
1444 444 • 1	17,470121	, RC 331/1	76 City	FI	Zip Code
	e named entity submits this statement for tions of registered agent. Output Signature, typed or printed name of registered agent are	ampo	egistered office or regist	ered agent, or both, in the State of Florida. I am	
			 _		
After May 1, 2003 Fee will be \$550.00 Make Check Payable to Florida Department of State				9. Election Campaign Financing Trust Fund Contribution.	\$5.00 May Be Added to Fees
10.	OFFICERS AND I		11.	ADDITIONS/CHANGES TO OFFICERS AN	ID DIRECTORS IN 11
TITLE	PD	☐ Delete	TITLE	7.02.107.0	☐ Change ☐ Addition
NAME STREET ADDRESS CITY-ST-ZIP	BOSTIC, DONALD R 14150-S.W. 122ND COURT- 1-4	598 CARVERD 1AMI 33176	NAME STREET ADDRESS CITY-ST-ZIP		_ , _
TITLE NAME STREET ADDRESS . CITY-ST-ZIP	STD BOSTIC, CARMENA M 14150 S.W. 122ND COURT MIAMI FL 33186	Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	Minimi I Lesias (C.)	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY- ST-ZIP		Change Addition
12. I hereby of indicated	pertify that the information supplied with to this report or supplemental report is:	this filing does not qualify for t true and accurate and that my	the exemption stated in S	Section 119.07(3)(i), Florida Statutes. I further ce e same legal effect as if made under oath; that I	ertify that the information 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: