

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # K64968

1. Entity Name

THE CLEAN MACHINE/LAUNDRY SERVICE OF MIAMI BEACH

FILED
Feb 06, 2001 8:00 am
Secretary of State

02-06-2001 90293 007 ***150.00

Principal Place of Business

Mailing Address

226 12 ST
MIAMI BEACH FL 33139

226 12 ST
MIAMI BEACH FL 33139

618643

2. Principal Place of Business

2064 Prairie Ave.

3. Mailing Address

2064 Prairie Ave

Suite, Apt. #, etc.

Suite, Apt. #, etc.



DO NOT WRITE IN THIS SPACE

City & State

Miami Beach FL

City & State

Miami Beach FL

4. FEI Number 65-0094675

Applied For

Not Applicable

Zip 33139

Country USA

Zip 33139

Country USA

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

QUINLAN, JAMES
226 12 ST
MIAMI BEACH FL 33139

Name

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

2064 Prairie Ave

City

Miami Beach

FL

Zip Code

33139

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, 2001 Fee will be \$550.00
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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE D ☐ Delete
NAME QUINLAN, JAMES
STREET ADDRESS 226 12 ST
CITY-ST-ZIP MIAMI BEACH FL

TITLE ☒ Change ☐ Addition
NAME 2064 Prairie Ave.
STREET ADDRESS Miami Beach FL
CITY-ST-ZIP 33139

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
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TITLE ☐ Change ☐ 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

Date

Daytime Phone #

CR2E034 (10/00)