

2002 UNIFORM BUSINESS REPORT (UBR)

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

02-21-2002 90071 037 ***150.00

0257784 AV

DOCUMENT # K78741

1. Entity Name

SUNLAND LAUNDRY CORPORATION

Principal Place of Business

**12400 NW 7TH AVE
 NORTH MIAMI FL 33168**

Mailing Address

~~12400 NW 7TH AVE
 NORTH MIAMI FL 33168~~

Please correct



2. Principal Place of Business

3. Mailing Address

2330 S.W. 106 Terrace

Suite, Apt. #, etc.

Suite, Apt. #, etc.

DO NOT WRITE IN THIS SPACE

City & State

City & State

Davie, Florida

4. FEI Number

65-0184410

Applied For

Not Applicable

Zip

Country

Zip

Country

33324

Bonard

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

**DEEB, GEORGE
 2330 SW 106TH TERR
 DAVIE FL 33324**

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, 2002 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 * ☐ Delete
 NAME **DPT DEEB, GEORGE**
 STREET ADDRESS **2330 SW 106TH TERR.**
 CITY-ST-ZIP **DAVIE FL 33324-6305**

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

TITLE ☐ Delete
 NAME **DVS BRINCEFIELD, ROBERT E. J**
 STREET ADDRESS **2850 NE 23RD ST**
 CITY-ST-ZIP **POMPANO BEACH FL**

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

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
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 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:

George Deeb
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/31/02 (939) 688-9164
 Date Daytime Phone #

CR2E034 (9/01)