**FILED** 

## **2002 UNIFORM BUSINESS REPORT (UBR)**

## Apr 26, 2002 8:00 am \$ Secretary of State DOCUMENT # L36676 1. Entity Name FAST LAUNDRY NUM. 3, INC. Principal Place of Business Mailing Address 1277 NW 7TH STREET 7720 SW 78 ST. **MIAMI FL 33143** MIAMI FL 33143 3. Mailing Address 2. Principal Place of Business Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE City & State Applied For City & State 4. FEI Number 65-0190958 Not Applicable Zip Zip Country Country \$8.75 Additional П 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name BARBEITO, ANTONIO Street Address (P.O. Box Number is Not Acceptable) 7720 SW 78 ST. **MIAMI FL 33143** City 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) This corporation is eligible to satisfy its Intangible FILE NOW!!! FEE IS \$150.00 10. Election Campaign Financing \$5.00 May Be Tax filing requirement and elects to do so. After May 1, 2002 Fee will be \$550.00 Trust Fund Contribution. Added to Fees (See criteria on back) Make Check Payable to Department of State ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 OFFICERS AND DIRECTORS 11. 12. TITLE □ Delete TITLE Change ☐ Addition BARBEITO, ANTONIO NAME NAME STREET ADDRESS 7720 SW 78 ST. STREET ADDRESS CITY-ST-ZIP MIAMI FL . CITY-ST-ZIP TITLE TITLE ☐ Addition DVT Delete ☐ Change NAME Barbeito, Maria e. NAME 7720 SW 78 ST STREET ADDRESS STREET ADDRESS CITY-ST-ZIP\_ CITY-ST-ZIP MIAMI-FL-☐ Change ☐ Addition TITLE ☐ Delete TITLE NAME BARBEITO-LOVETT, MARIA T NAME 7720 SW 78 ST. STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Miami FL 33193 TITLE ☐ Delete ☐ Change ☐ Addition TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-7IP CITY-ST-ZIP TITLE Delete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete TITLE Change ☐ Addition NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP 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.