

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 30, 2002 8:00 am
Secretary of State

04-30-2002 90140 004 ***150.00

DOCUMENT # L46212

1. Entity Name

LAUNDRY EQUIPMENT COMPANY #1, INC.

Principal Place of Business

**1314 E. LAS OLAS BLVD. SUITE 807
 FT. LAUDERDALE FL 33301**

Mailing Address

**100 S BIRCH
 APT 2702
 FORT LAUDERDALE FL 33316**

2. Principal Place of Business

18458 NW 67 Ave

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

MIAMI, Florida

City & State

Zip

Country

33014 USA

Country

4. FEI Number

65-0182613

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
 Fee Required

6. Name and Address of Current Registered Agent

**ROBINSON, PAUL
 1590 N E 162ND STREET, STE 200
 N MIAMI BEACH FL 33162**

7. Name and Address of New Registered Agent

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

TITLE **DPV** ☐ Delete
 NAME **MILGRAM, SCOTT**
 STREET ADDRESS **16500 NW 52 AVE.**
 CITY-ST-ZIP **MIAMI LAKES FL**

TITLE **ST** ☐ Delete
 NAME **MILGRAM, SCOTT**
 STREET ADDRESS **16500 NW 52 AVE.**
 CITY-ST-ZIP **MIAMI LAKES FL**

TITLE **VP** ☐ Delete
 NAME **MILGRAM, JUDY**
 STREET ADDRESS **10740 NW 1ST**
 CITY-ST-ZIP **PLANTATION FL 33324**

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE **DPV** ☒ Change ☐ Addition
 NAME **Scott milgram**
 STREET ADDRESS **100 S. Birch Rd #2702**
 CITY-ST-ZIP **FT. Lauderdale, FL 33316**

TITLE **ST** ☒ Change ☐ Addition
 NAME **Scott milgram**
 STREET ADDRESS **100 S. Birch Road #2702**
 CITY-ST-ZIP **FT. Lauderdale FL 33316**

TITLE **VP** ☒ Change ☐ Addition
 NAME **Judy milgram**
 STREET ADDRESS **100 S. Birch Road #2702**
 CITY-ST-ZIP **FT. Lauderdale, FL 33316**

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

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

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 (9/01)