## 2000 UNIFORM BUSINESS REPORT (UBR)

## **FILED DOCUMENT # M61196** May 02, 2000 8:00 am 1. Entity Name **Secretary of State** LITTLE HAITI COIN LAUNDRY, INC. 05-02-2000 90011 030 \*\*\*150.00 Principal Place of Business Mailing Address 6505 NE 2ND AVE 600 FALCON AVE MIAMI SPGS FL 33166-3912 MIAMI FL 33138 US 2. Principal Place of Business 3. Mailing Address DO NOT WRITE IN THIS SPACE Suite, Apt. #, etc. Suite, Apt. #, etc. Applied For City & State 4. FEI Number City & State 65-0009025 Not Applicable Country \$8.75 Additional Zip Country Zip 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name GREGORY, URSULA M-Street Address (P.O. Box Number is Not Acceptable) 600 FALCON AVE MIAMI SPRINGS FL 33166 Zip Code FL 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 DATE (NOTE: Registered Agent signature required when reinstating) Signature, typed or printed name of registered agent and title if applicable, FILE NOW!!! FEE IS \$150.00 9. This corporation is eligible to satisfy its Intangible 10. Election Campaign Financing \$5.00 May Be After MAY 1, 2000 Fee will be \$550.00 Tax filing requirement and elects to do so. Trust Fund Contribution. Added to Fees Make Check Payable to Department of State (See criteria on back) ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 OFFICERS AND DIRECTORS 12. 11. Change ☐ Addition ☐ Delete TITLE TITLE GREGORY, RONALD A. NAME STREET ADDRESS 600 FALCON AVE STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP MIAMI SPRINGS FL 33166 Change ☐ Addition ☐ Delete TITLE TITLE GREGORY, URSULA M. NAME 600 FALCON AVE STREET ADDRESS STREET ADDRESS CITY-ST-7IP MIAMI SPRINGS FL 33166 CITY-ST-ZIF Change ☐ Addition TITLE ☐ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP [] Change ☐ Addition Delete TITLE TITLE NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change Addition ☐ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Change ☐ Addition ☐ Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP 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 earnie 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: