

# 2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # M84890

1. Entity Name

SAM COIN LAUNDRY, INC.

Principal Place of Business

4817 SW 8 ST.  
MIAMI FL 33134

Mailing Address

4817 SW 8 ST.  
MIAMI FL 33134

2. Principal Place of Business

4817 SW 8 ST.  
Suite, Apt. #, etc.

3. Mailing Address

SAME  
Suite, Apt. #, etc.

City & State

MIAMI FLORIDA

City & State

MIAMI FLORIDA

Zip

33134

Country

USA

Zip

33134

Country

USA

4. FEI Number

65-0051185

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional  
Fee Required

6. Name and Address of Current Registered Agent

ALLADIN, SAM  
11420 SW 28 ST  
MIAMI FL 33165

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

*Sam Alladin*

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

TITLE PD  
NAME ALLADIN, SAM  
STREET ADDRESS 11420 SW 28TH ST.  
CITY-ST-ZIP MIAMI FL ☐ Delete

TITLE VD  
NAME ALLADIN, EMRAN  
STREET ADDRESS 11420 SW 28TH ST.  
CITY-ST-ZIP MIAMI FL ☐ Delete

TITLE VD  
NAME ALLADIN, FAIZUL S.  
STREET ADDRESS 11420 SW 28TH ST.  
CITY-ST-ZIP MIAMI FL ☐ Delete

TITLE TD  
NAME ALLADIN, SHENEZA S.  
STREET ADDRESS 11420 SW 28TH ST.  
CITY-ST-ZIP MIAMI FL ☐ Delete

TITLE SD  
NAME ALLADIN, BIBI S.  
STREET ADDRESS 11420 SW 28TH ST.  
CITY-ST-ZIP MIAMI FL ☐ Delete

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

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

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

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

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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

4-20-01

Date

305 2202785

Daytime Phone #

CR2E034 (10/00)

0163222

FILED  
Apr 27, 2001 8:00 am  
Secretary of State

04-27-2001 90341 027 \*\*\*150.00

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DO NOT WRITE IN THIS SPACE