## **2000 UNIFORM BUSINESS REPORT (UBR)**

1	1 4			<u> </u>	_	FILED			3
DOCUMENT # M9800000687									
1. Entity Name LAUNDROMAX LEASING, L.L.C.					00 MAY -3 PM 12: 44				•
•						SECRETARY OF S	TATE		
Principal Place of Business Mailing Address					TALLAHASSEE. FLORIDA				
439 N.E. 7TH AVENUE. SUITE C 439 N.E. 7TH AVENUE. SUITE C									
FT. LAUDERD	ALE FL 33301	ft. Lauderdale fl 333	311-6206				Bist 68111 88118 8111	m: 1811: 1881 1881	
	Place of Business SUVD	3. Mailing Address	Mailing Address ターン、SUNRISE BLVD			<b>                                      </b>	O(II OCII) BOIID DAII	NI CHUN SERC NORN	
Suite, Apt.	#, etc.	Suite, Apt. #, etc.			DO NOT WRITE IN THIS SPACE				
SO(T City & State		SUITE 7	20	· · • ·	<b>4.</b> FEI N	iumber	1 1/	Applied For	٦
	LANDERDALE FL	FORT LAND	21200	HEPL	4. 7.2.11	65-0837660		Not Applicable	
Zip <b>333 (</b> )	Country BROWAD	Zip 33311	Coun	ewar)	5. Certif	icate of Status Desired	\$5.00 A Fee Requir		
<i>J2 J</i> • 1	6. Name and Address of Current F				7. Name	and Address of New Register	ed Agent		١,
				Name	vame_				
RODRIGUEZ & ANGELO, P.A. RIVERWALK PLAZA, SUITE 4000				Street Address (P.O. Box Number is Not Acceptable)					
333 N. NEW RIVER DRIVE EAST									
FT. LAUDERDALE FL 33301				City			Zip Co	de	
8. The above	named entity submits this statement for	the purpose of changing its	s registere	L ed office or registe	ered agent, o	or both, in the State of Florida.	1		-
SIGNATURE .	Signature, typed or printed name of registered agent a	nd title if applicable (NO	TE: Registere	d Agent signature require	ed when reinstatii	ng) DA	TE		
		FILE N	IOW!!!	FEE IS \$50.00	)				
		Make Check P	ayable t	o Department	of State				
9.	MANAGING MEMBE	RS/MEMBERS	10.			ADDITIONS/CHAN	GES		┧.
TITLE	MGR	. Detete	TITL	E			Change	_	00/0
NAME STREET ADDRESS	COIN WASH HOLDINGS, INC. 439 N.E. 7TH AVENUE, SUITE C		NAM 21ri	EET ADDRESS		30000323· -05/02/00-	4 <b>64</b> 3	<del>_</del> _	0,00
CITY-8T-ZIP	FT. LAUDERDALE FL 33301			- \$T-ZIP		-05/02/00- <del>****5</del> 00-01		50.00 50.00	- 6
TITLE		☐ Celete	TITL				Change	Addition	۲
NAME STREET ADDRESS		;	NAM Stri	EET ADDRESS					
CITY-ST-ZIP		<del></del>	CITY	- ST- ZIP					┦
TITLE Name		☐ Delete	TITL Nam				Change	Addition	
STREET ADDRESS		· -	- 1	ET ADDRESS	-				-
CITY-ST-ZIP		☐ Deleta	TITL	- ST- ZIP		<del></del>	Change	Addition	-
NAME			MAM	E					ļ
STREET ADDRESS CITY-ST-ZIP				ET ADDRESS - ST- ZIP					
TITLE		( Deleta	TITL	E			☐ Change	Addition	1
NAME STREET ADDRESS			NAM Stri	E Et address					
CITY-ST-ZIP				- ST- ZIP					
TITLE		☐ Delete	TITL				Change	Addition	-
NAME STREET ADDRESS			NAM STRI	E Et address					
CITY-8T-ZIP	er all at the farmer of	Maria di Man		-8T-ZIP	446 t	27/2V/X Florido Ctatutas 15 at a	nortific that the	information	4
indicated limited lia	certify that the information supplied with lon this report is true and accurate and ability company or the receiver of trusted	this filing does not qualify for that my algnature shall have empowered to execute this	or the exe the same report as	mption stated in S e legal effect as if s required by Cha	bection 119.0 made under pter 608, Flo	on(3)(i), Fibrida Statutes. I further cath; that I am a managing merida Statutes.	mber or manag	ger of the	

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER OR MANAGER