

2001 UNIFORM BUSINESS REPORT (UBR)

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

02-27-2001 90357 041 ***150.00

DOCUMENT # P00000006595

1. Entity Name

MOBILE CAR WASH EXPRESS., INC.

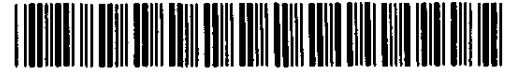
Principal Place of Business

**7340 SW 82ND STREET SUITE C-201
 MIAMI FL 33143**

Mailing Address

**7340 SW 82ND STREET SUITE C-201
 MIAMI FL 33143**

0104110



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

Suite, Apt. #, etc.

City & State

Zip

Country

3. Mailing Address

P.O. Box 431063

Suite, Apt. #, etc.

City & State

Miami, FL

Zip

33243

Country

U.S.A.

4. FEI Number

105-0974345

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75 Additional
 Fee Required**

6. Name and Address of Current Registered Agent

**PEREIRA, WALTER RAFAEL
 7340 SW 82ND STREET SUITE C-201
 MIAMI FL 33143**

7. Name and Address of New Registered Agent

Name

N/A

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

02/18/01

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 **PVST** ☐ Delete
 NAME **PEREIRA, WALTER RAFAEL**
 STREET ADDRESS **7340 SW 82ND STREET SUITE C-201**
 CITY-ST-ZIP **MIAMI FL 33143**

TITLE **D** ☐ Delete
 NAME **PEREIRA, WALTER RAFAEL**
 STREET ADDRESS **7340 SW 82ND STREET SUITE C-201**
 CITY-ST-ZIP **MIAMI FL 33143**

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Delete
 NAME
 STREET ADDRESS
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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 **PVST** ☒ Change ☐ Addition
 NAME **PEREIRA WALTER RAFAEL**
 STREET ADDRESS **10400 South Post Rd. #103**
 CITY-ST-ZIP **Weston, FL 33331**

TITLE **D** ☒ Change ☐ Addition
 NAME **PEREIRA WALTER RAFAEL**
 STREET ADDRESS **10400 South Post Rd. #103**
 CITY-ST-ZIP **Weston, FL 33331**

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

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

02/18/01

Date

305-668-2294

Daytime Phone #

CR2E034 (10/00)