(9/01)

CR2E034

Daytime Phone #

FILED

2002 Uniform Business Report (UBR)

changed, or on an attachment with

Apr 08, 2002 8:00 am Secretary of State DOCUMENT # P00000029283 1. Entity Name 04-08-2002 90073 027 ***150 00 WASHTECH COIN LAUNDRY, INC. Principal Place of Business Mailing Address 1261 RODMAN STREET 1261 RODMAN STREET HOLLYWOOD FL 33019-2221 HOLLYWOOD FL 33019-2221 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE 4. FEI Number City & State City & State Applied For 65-1017705 Not Applicable Zip Zip Country Country \$8.75 Additional 5. Certificate of Status Desired \Box Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name SCHERE, LESLIE A ESQ. Street Address (P.O. Box Number is Not Acceptable) 1865 BRICKELL AVENUE #A-207 **MIAMI FL 33129** 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 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 FILE NOW!!! FEE IS \$150.00 10. Election Campaign Financing \$5.00 May Be Tax filing requirement and elects to do so. After May 1, 2002 Fee will be \$550,00 Trust Fund Contribution. Added to Fees (See criteria on back) Make Check Payable to Department of State OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 11. 12. Addition **PSTD** TITLE ☐ Delete TITLE JOSEPH BOUSEMAAN 1261 RODMAN ST. ☐ Change NAME BOUSEMAAN, KARIN NAME 1261 RODMAN STREET STREET ADDRESS STREET ADDRESS CITY-ST-ZIP HOLLYWOOD FL 33019-2221 CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete - TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE Channe ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Addition ☐ Delete NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE Delete TITLE ☐ Change ☐ Addition 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 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