

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P00000034371

1. Entity Name
ALEX COIN LAUNDRY CORP



FILED
May 02, 2003 8:00 am
Secretary of State

05-02-2003 90223 023 ***150.00

0147269 AV

Principal Place of Business
1800 WEST 68 STREET
HIALEAH FL 33012

Mailing Address
1800 WEST 68 STREET
HIALEAH FL 33012

11034577



2. Principal Place of Business

3. Mailing Address

7465 W 18 AVE

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

HIALEAH FL

Zip

Country

Zip

Country

33014

U.S.A

4. FEI Number

65-0998499

Applied For

Not Applicable

5. Certificate of Status Desired

☐ \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

GONZALEZ, ANA
5690 WEST 14 AVE
HIALEAH FL 33012

Name

ANA GONZALEZ

Street Address (P.O. Box Number is Not Acceptable)

7465 W 18 AVE

HIALEAH FL

City

FL

Zip Code

33014

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

Ana Gonzalez

Signature, typed or printed name of registered agent and title if applicable.

Manuel Linares

(NOTE: Registered Agent signature required when reinstating)

04-29-03

DATE

FILE NOW!!! FEE IS \$150.00

After May 1, 2003 Fee will be \$550.00

Make Check Payable to Florida Department of State

9. Election Campaign Financing
Trust Fund Contribution.

☐ \$5.00 May Be Added to Fees

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE PD
NAME GONZALEZ, ANA
STREET ADDRESS 5690 WEST 14 AVE
CITY-ST-ZIP HIALEAH FL 33012

☐ Delete

TITLE PD
NAME ANA GONZALEZ
STREET ADDRESS 7465 W 18 AVE
CITY-ST-ZIP HIALEAH FL 33014

☒ Change ☐ Addition

TITLE STD
NAME LINARES, MANUEL
STREET ADDRESS 5690 WEST 14 AVE
CITY-ST-ZIP HIALEAH FL 33012

☐ Delete

TITLE STD
NAME MANUEL LINARES
STREET ADDRESS 7465 W 18 AVE
CITY-ST-ZIP HIALEAH FL 33014

☒ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ Delete

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☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ Change ☐ Addition

12. 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

Manuel Linares

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

04-29-03 305.557-5276

Date

Daytime Phone #

CR2E034 (10/02)