

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Jun 03, 2002 8:00 am
Secretary of State

06-03-2002 91167 033 ***550.00

DOCUMENT # P00000044236

1. Entity Name
WASHCOM, INC.

Principal Place of Business

**7201 N. STATE RD 7
 PARKLAND FL 33067**

Mailing Address

**~~2800 OLD ORCHARD ROAD~~
 DAVIE FL 33328**

2. Principal Place of Business

Suite, Apt. #, etc.

City & State

Zip

Country

3. Mailing Address

Suite, Apt. #, etc.

City & State

Zip

Country

PO BOX 2876

HALLANDALE, FL

33008-2876

USA

4. FEI Number **65-1010663**

Applied For
 Not Applicable

5. Certificate of Status Desired ☐ **\$8.75 Additional Fee Required**

DO NOT WRITE IN THIS SPACE



6. Name and Address of Current Registered Agent

**PALACIOS, RAUL E
 2800 OLD ORCHARD ROAD
 DAVIE FL 33328**

7. Name and Address of New Registered Agent

Name

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

2705 PARKVIEW DRIVE

City

HALLANDALE

FL

Zip Code
33009

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 Tax filing requirement and elects to do so. (See criteria on back) ☐

**FILE NOW!!! FEE IS \$150.00
 After May 1, 2002 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** ☐ Delete
 NAME **PALACIOS, RAUL E II**
 STREET ADDRESS **202 W. FOREST OAK CIRCLE**
 CITY-ST-ZIP **DAVIE FL 33325**

TITLE **VD** ☐ Delete
 NAME **PALACIOS, RICHARD E**
 STREET ADDRESS **348 E. GARDEN COVE CIRCLE**
 CITY-ST-ZIP **DAVIE FL 33325**

TITLE **SD** ☐ Delete
 NAME **PALACIOS, RAUL E**
 STREET ADDRESS **2800 OLD ORCHARD ROAD**
 CITY-ST-ZIP **DAVIE FL 33328**

TITLE **TD** ☐ Delete
 NAME **PALACIOS, ELSA M**
 STREET ADDRESS **2800 OLD ORCHARD ROAD**
 CITY-ST-ZIP **DAVIE FL 33328**

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 ☐ 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

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

Raul E. Palacios

Date

5/25/02

Daytime Phone #

954-609-4859

CR2E034 (9/01)