

# 2002 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**May 27, 2002 8:00 am**  
**Secretary of State**  
 05-27-2002 90334 005 \*\*\*150.00

0281280 AV

**DOCUMENT # P00000046143**

1. Entity Name  
**WASH TIME, INC.**

Principal Place of Business  
**13711 S.W. 90TH AVENUE #M-211**  
**MIAMI FL 33176**

Mailing Address  
**13711 S.W. 90TH AVENUE #M-211**  
**MIAMI FL 33176**



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business  
**13711 SW 90 Ave**  
 Suite, Apt. #, etc.  
**M 211**

3. Mailing Address  
**13711 SW 90 Ave**  
 Suite, Apt. #, etc.  
**M 211**

City & State  
**Miami FL**

City & State  
**Miami 33176 FL**

4. FEI Number  
**65-1006344**

Applied For  
 Not Applicable

Zip  
**33176** Country  
**USA**

Zip  
**33176** Country  
**USA**

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

**6. Name and Address of Current Registered Agent**

**LAW FIRM OF MANFRED ROSENOW, P.A.**  
**2425 CORAL WAY**  
**MIAMI FL 33145**

**7. Name and Address of New Registered Agent**

Name  
 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 **04/30/02**  
 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**

**12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11**

TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>PD</b> <b>IGARZABAL, JOSE M</b> <b>13711 S.W. 90TH AVENUE #M-211</b> <b>MIAMI FL 33176</b>	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>SD</b> <b>RESINO, MARIA CRISTINA</b> <b>13711 S.W. 90TH AVENUE #M-211</b> <b>MIAMI FL 33176</b>	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

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 line empowered.

**SIGNATURE:** **SIGNATURE REQUIRED**  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**04/30/02**  
 Date Daytime Phone #

CR2E034 (9/01)