2002 UNIFORM BUSINESS REPORT (UBR)

changed, or on an attachr

SIGNATURE:

May 28, 2002 8:00 am Secretary of State P00000054416 **DOCUMENT #** 1. Entity Name 05-28-2002 90711 046 ***150 00 WASH ME CAR WASH, INC. Mailing Address Principal Place of Business 3801-NW-207TH-STREET 800004 3801 NW 207TH STREET MIAMI FL 33055 MIAMI FL 33055 3. Mailing Address 2. Principal Place of Business DO NOT WRITE IN THIS SPACE Suite, Apt. #, etc. Suite, Apt. #, etc. Applied For 4. FEI Number City & State City & State 65-1013240 Not Applicable \$8,75 Additional Country 5. Certificate of Status Desired Country Zip Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent Name MCGHEE, MICHAEL A Street Address (P.O. Box Number is Not Acceptable) 3801 NW 207TH STREET MIAMI FL 33055 are rec Zip Code City wayed the constituences 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 (NOTE: Registered Agent signature required when reinstating) Signature, typed or printed name of registered agent and title if applicable. -- FILE NOW!!! FEE IS \$150.00 10. Election Campaign Financing \$5.00 May Be 9. This corporation is eligible to satisfy its Intangible After May 1, 2002 Fee will be \$550.00 <u>,</u> ☑. Tax filing requirement and elects to do so. Trust Fund Contribution. Make Check Payable to Department of State (See criteria on back) ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 OFFICERS AND DIRECTORS 12. 11. ☐ Addition ☐ Change TITLE ☐ Delete TITLE NAME MCGHEE, MICHAEL A NAME STREET ADDRESS 3801 NW 207TH STREET STREET ADDRESS CITY-ST-ZIP MIAMI FL 33055 ☐ Addition ☐ Change TITLE Delete JUNE 1991 NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP [7] Change Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Change ☐ Addition TITLE ☐ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Addition ☐ Change Delete TITLE NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Addition Change TITLE -Delete -.... --- कार्य संह १ NAME NAME STREET ADDRESS 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 trastee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 11 or Block 12 is chaptered or on an attachment with an artifices with all other like transpowered. CITY-ST-ZIE

FILED

607, Florida Statutes, and that my name appears in Block 11 or Block 12 if