

# 2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Mar 03, 2003 8:00 am**  
**Secretary of State**

03-03-2003 90424 047 \*\*\*150.00

**DOCUMENT # P00000108622**

**1. Entity Name**  
**M & M COIN LAUNDRY, INC.**



**Principal Place of Business**  
**P.O. BOX 4446**  
**CLEARWATER FL 33758**

**Mailing Address**  
**P.O. BOX 4446**  
**CLEARWATER FL 33758**

**2. Principal Place of Business**

**3. Mailing Address**

**10579 94th AVE.**

**Suite, Apt. #, etc.**

**Suite, Apt. #, etc.**

**City & State**

**City & State**

**Seminole FL**

**Zip**

**Country**

**Zip**

**Country**

**33772 PINELLAS**

**4. FEI Number** **59-3684694**

**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**

**BAYYARI, MOHD**  
**2625 STATE ROAD 590 #1811**  
**CLEARWATER FL 33759**

**Name**

**MARWAN DAUD**

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

**10579 94th AVE.**

**City**

**Seminole**

**FL**

**Zip Code**

**33772**

**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**

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

**(NOTE: Registered Agent signature required when reinstating)**

**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** ☐ **\$5.00 May Be Added to Fees**  
**Trust Fund Contribution.**

**10. OFFICERS AND DIRECTORS**

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

10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DP BAYYARI, MOHD P.O. BOX 4446 CLEARWATER FL 33758 <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	DVP DAUD, MARWAN 10579 94TH AVE. N. SEMINOLE FL 33772 <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	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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**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:**

*Marwan Daud*  
**SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR**

**Date**

**Daytime Phone #**

CR2E034 (10/02)