

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Mar 29, 2002 8:00 am
Secretary of State

03-29-2002 90795 014 ***150.00

DOCUMENT # P00000113672

1. Entity Name

JAVI & VANESS COIN LAUNDRY, INC.

Principal Place of Business

**4959 GOLDEN GATE PARKWAY
 NAPLES FL 34116**

Mailing Address

**C/O BORRO TAX ASSOCIATES
 2408 LINWOOD AVE. S. UITE 8
 NAPLES FL 34112**

2. Principal Place of Business

3. Mailing Address

3940 Radio Rd Ste 103

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Naples FL

Zip

Country

Zip

Country

34104

Col

4. FEI Number

59-3686723

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

**DIAZ, GLORIA
 1984 SUNSHINE BLVD
 NAPLES FL 34116**

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

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 **PSTD** ☐ Delete
 NAME **OLIVIA, HUMBERTO J**
 STREET ADDRESS **220 EVERGREEN AVE**
 CITY-ST-ZIP **CENTRAL ISLIP NY 11722**

TITLE ☐ Change ☐ Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE **VD** ☐ Delete
 NAME **OLIVA, MARIA Y**
 STREET ADDRESS **220 EVERGREEN AVE**
 CITY-ST-ZIP **CENTRAL ISLIP NY 11722**

TITLE ☐ Change ☐ Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

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 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]*
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

03-18-02

CR2E034 (9/01)