

# 2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**May 19, 2003 8:00 am**  
**Secretary of State**

05-19-2003 90205 017 \*\*\*150.00

0560846 AV

**DOCUMENT # P01000014622**

1. Entity Name

**A.R.C. LAUNDROMAT, INC.**



Principal Place of Business

**2287 MAIN STREET  
SARASOTA FL 34237**

Mailing Address

**2287 MAIN STREET  
SARASOTA FL 34237**

2. Principal Place of Business

3. Mailing Address

**2287 MAIN ST**

**2287 MAIN ST**

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

**SARASOTA FL**

City & State

**SARASOTA FL**

Zip

**34237**

Country

**USA**

Zip

**34237**

Country

**USA**

4. FEI Number

**65-1075675**

Applied For

Not Applicable

5. Certificate of Status Desired

☐ **\$8.75 Additional Fee Required**

☐ CHECK HERE IF MAKING CHANGES

6. Name and Address of Current Registered Agent

**SPIEGEL & UTRERA, P.A.  
343 ALMERIA AVENUE  
CORAL GABLES FL 33134**

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

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  
Trust Fund Contribution.

☐ **\$5.00 May Be Added to Fees**

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY - ST - ZIP	<b>PTD CRUZ, ROLANDO E 2287 MAIN STREET SARASOTA FL 34237</b>	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<b>SAVD CORDOVEZ, ALINA C 2287 MAIN STREET SARASOTA FL 34237</b>	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY - ST - ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY - ST - ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY - ST - ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY - ST - ZIP		<input type="checkbox"/> Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

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"/> Change <input type="checkbox"/> Addition
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"/> Change <input type="checkbox"/> Addition
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"/> Change <input type="checkbox"/> Addition

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:

**SIGNATURE OF ROLANDO CRUZ**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**3/31/03 941-954-1348**

Date

Daytime Phone #

CR2E034 (10/02)

*Checkment*  
901306284

JUAN C. ARTIGAS  
ACCOUNTANT

Mailing Address: P.O.BOX 277, Tallevast, FL 34270-0277  
Physical Address: 1880 University Parkway Suite A, Sarasota, FL 34243  
PHONE: 941-358-7757  
FAX: 941-358-7752

May 15, 2003

DIVISION OF CORPORATIONS  
UNIFORM BUSINESS REPORT FILINGS  
P.O. BOX 1500  
TALLAHASSEE, FL 32302-1500

Re: Document # P01000014622

To whom It May Concern,

We are asking for abatement of the penalty for late filing and payment of the UBR report. I had Mr. Cruz sign and date the report and had asked him to mail it with a check. This month when he gave me some paperwork he handed me the UBR also. I mentioned to him that he should off mail it before May 1. He did not understand the correct filing date and May 1 passed.

Thank you for your consideration and assistance.

*Juan C. Artigas*

Juan C. Artigas  
Accountant

*Rolando Cruz*  
Rolando Cruz  
President