

**FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

DOCUMENT # **P01000076030**
1. Entity Name
AVOCADO COIN LAUNDRY, INC.

FILED

02 DEC 30 PM 3:00

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business 13310 WEST DIXIE HWY Suite, Apt. #, etc. N. MIAMI, City & State N. MIAMI, FL		3. Mailing Address 1261 RODMAN STREET Suite, Apt. #, etc. City & State HOLLYWOOD, FL	
Zip 33161	Country USA	Zip 33019	Country USA

DO NOT WRITE IN THIS SPACE

4. FEI Number 65-0024566	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	

**DO NOT WRITE
IN THIS SPACE**

7. Name and Address of Current Registered Agent

Name KARIM BOUSEMAAN	
Street Address (P.O. Box Number is Not Acceptable) 1261 RODMAN STREET	
City HOLLYWOOD, FL	Zip Code 33019

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)

**January 1 - May 1 Fee is \$150.00
After May 1, Fee is \$550.00
Amended UBR is \$61.25
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

TITLE NAME STREET ADDRESS CITY-ST-ZIP	PRESIDENT KARIM BOUSEMAAN 1261 RODMAN STREET HOLLYWOOD, FL 33019	TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VICE PRESIDENT JOSEPH BOUSEMAAN 1261 RODMAN STREET HOLLYWOOD, FL 33019	TITLE NAME STREET ADDRESS CITY-ST-ZIP	600009740836 12/30/02--01077--002 **150.00
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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 on an attachment with an address, with all other like empowered.

SIGNATURE: Karim Bousemaan
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

12/24/02
Date

Daytime Phone #

CR2E034B (12/01)

25 1/2

12/26/02

Florida Department of State

Re: Avocado Coin Laundry, Inc.

As directed by your office
I am writing to inform you that
I never recieved the 2002 Uniform
Business Report because you
had the wrong zip code. I am
enclosing a check for \$150.00
to cover the fee for 2002.

Thank you very much

KATHY B. JENSEN