

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Jun 13, 2002 8:00 am
Secretary of State

05-16-2002 90035 015 ***150.00

DOCUMENT # P01000094576

1. Entity Name
ATLANTIC SHORES COIN LAUNDRY, INC.

Principal Place of Business
**712 ATLANTIC SHORES BLVD.
 HALLANDALE FL 33009**

Mailing Address
**712 ATLANTIC SHORES BLVD.
 HALLANDALE FL 33009**

00161



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business
712 ATLANTIC SHORES BLVD.
 Suite, Apt. #, etc.
 City & State
HALLANDALE FL
 Zip
33009
 Country
USA

3. Mailing Address
3850 WASHINGTON ST.
 Suite, Apt. #, etc.
1015
 City & State
HOLLYWOOD FL
 Zip
33024
 Country
USA

4. FEI Number **65-1124386** Applied For
 Not Applicable

5. Certificate of Status Desired ☐ **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent
BALAN, ZORKA
712 ATLANTIC SHORES BLVD.
HALLANDALE FL 33009

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.

SIGNATURE
 Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

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

TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD BALAN, JON 3850 WASHINGTON ST. HOLLYWOOD FL 33021	☐ Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD BALAN, ZORKA 3850 WASHINGTON ST. HOLLYWOOD FL 33021	☐ Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

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

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 **Zorka Balan**
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/24/2002 **954-962-0254**
 Date Daytime Phone #

CR2E034 (9/01)