

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 17, 2003 8:00 am
Secretary of State

04-17-2003 90620 020 ***150.00

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DOCUMENT # P02000032236

1. Entity Name
SNH COIN LAUNDRY INC.



Principal Place of Business
**2760 S.W. 126 WAY
MIRAMAR FL 33027**

Mailing Address
**2760 S.W. 126 WAY
MIRAMAR FL 33027**

2. Principal Place of Business

5458 NW 19th St.

Suite, Apt. #, etc.

3. Mailing Address

2760 SW 126th Way

Suite, Apt. #, etc.



☒ CHECK HERE IF MAKING CHANGES

City & State
LAUDERHILLS FL

FL

City & State
MIRAMAR FL

FL

4. FEI Number

41-2035384

Applied For

Not Applicable

Zip

33313

Country

USA

Zip

33027

Country

USA

5. Certificate of Status Desired ☐

**\$8.75 Additional
Fee Required**

6. Name and Address of Current Registered Agent

**SHEKHA, SHABEER
2760 S.W. 126 WAY
MIRAMAR FL 33027**

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 **D** ☐ Delete
NAME **SHEKHA, SHABEER**
STREET ADDRESS **2760 S.W. 126TH WAY**
CITY-ST-ZIP **MIRAMAR FL 33027**

TITLE **D** ☐ Delete
NAME **MOHAMMAD, NOOR**
STREET ADDRESS **11665 N.E. 2ND AVE.**
CITY-ST-ZIP **NORTH MIAMI FL 33161**

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE **PRESIDENT** ☒ Change ☐ Addition
NAME **SHABEER SHEKHA**
STREET ADDRESS **2760 SW 126th Way**
CITY-ST-ZIP **MIRAMAR FL-33027**

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

TITLE ☐ Change ☐ Addition
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CITY-ST-ZIP

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NAME
STREET ADDRESS
CITY-ST-ZIP

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:

SHEKHA, SHABEER SHEKHA

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/15/03

Date

(305) 283-3287

Daytime Phone #

CR2E034 (10/02)