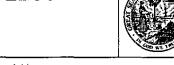
## **2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)**

**DOCUMENT #** 

P02000032236

1. Entity Name SNH COIN LAUNDRY INC.

changed, or on an attachment with an



04-17-2003 90620 020 \*\*\*150.00

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

					OD WE IN	Í				
Principal Place of Business 2760 S.W. 126 WAY MIRAMAR FL 33027			Mailing Address 2760 S.W. 126 WAY MIRAMAR FL 33027							
5458		4., 2		1264	WAY				<b>                                    </b>	O IIIILA EIIII IEBA
Suite, Apt.	#, etc.	Suit	e, Apt. #, etc.	<u></u>			- PCHEC	K-HERE-IF MAH	KING CHANGES	3
City & Stat	HIUS FL	MIR	& State AMAR	F	,	4. FE	1 Number 41 - 203	5384	<del></del>	applied For Not Applicable
33313 Country USA			1 220-7		A	Щ	ertificate of Status E		\$8.75 Ac Fee Requir	
	6. Name and Address of	of Current Registere	ed Agent		ame	7. Na	me and Address	of New Register	red Agent	
2760 S.W	SHABEER . 126 WAY FL 33027					(P.O. Bo	x Number is Not Ac	ceptable)		
				C	ity				FL Zip Co	
	named entity submits this stions of registered agent.  Signature, up to opprinted name of	atement for the purp	HABETR	SA	ffice or regist  FEKSH-F  nt signature requir	<u> </u>		ate of Florida.	am familiar with	, and accept
Afte	ILE NOW!!! FEE IS \$1 r May 1, 2003 Fee will be c Payable to Florida Depa	50.00 \$550.00		. *			9. Election Carn Trust Fund Co			00 May Be ed to Fees
10.		CERS AND DIRECTO		11.	- 00		ITIONS/CHANGES	TO OFFICERS		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D SHEKHA, SHABEER 2760S.W. 126TH WAY MIRAMAR FL 33027		☐ Delete	TITLE NAME STREET ADI CITY-ST-Z	SHI DRESS 276		R SHEKHA 12619 Way		Change	Addition
NAME STREET ADDRESS CITY-ST-ZIP	D MOHAMMAD, NOOR 11665 N.E. 2ND AVE. NORTH MIAMI FL 3316	1	☐ Delete	TITLE NAME STREET AD CITY-ST-Z	DRESS				Change	Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP			☐ Delete	TITLE NAME STREET ADI					☐ Change	Addition
TITLE NAME			☐ Delete	TITLE NAME					☐ Change	☐ Addition
STREET ADDRESS CITY-ST-ZIP				STREET ADI						
ITLE Name Street address City-St-Zip			☐ Delete	TITLE NAME STREET ADI CITY-ST-Z					☐ Change	Addition
	e.		☐ Delete	TITLE NAME STREET ADI CITY-ST-Z					Change	☐ Addition
indicated	certify that the information so on this report or supplement poration or the receiver or true	tal report is true and	accurate and that m	city-st-z the exemptions signature s	on stated in S	e same led	gal effect as if made	e under oath: th	at I am an office	r or director