

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

FILED
Feb 10, 2003 8:00 am
Secretary of State

02-10-2003 90177 013 ***150.00

DOCUMENT # P02000087096

1. Entity Name
MOTOR CITY CARWASH, INC.



Principal Place of Business
**7800 NORTHEAST 8TH WAY
BOCA RATON FL 33487**

Mailing Address
**7800 NORTHEAST 8TH WAY
BOCA RATON FL 33487**



2. Principal Place of Business
3837 JONATHANS WAY
Suite, Apt. #, etc.

3. Mailing Address
3837 JONATHANS WAY
Suite, Apt. #, etc.

☒ CHECK HERE IF MAKING CHANGES

City & State
BOYNTON BEACH, FL
Zip
33436
Country
USA

City & State
BOYNTON BEACH, FL
Zip
33436
Country
USA

4. FEI Number
30-D127098

Applied For
☐ Not Applicable

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

6. Name and Address of Current Registered Agent

**DASZKAL, ALEX
7800 NORTHEAST 8TH WAY
BOCA RATON FL 33487**

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 ☐ Delete
NAME **D**
DASZKAL, DAVID
STREET ADDRESS **7800 NORTHEAST 8TH WAY**
CITY-ST-ZIP **BOCA RATON FL 33487**

TITLE ☐ Delete
NAME **D**
DASZKAL, ALEX
STREET ADDRESS **7800 NORTHEAST 8TH WAY**
CITY-ST-ZIP **BOCA RATON FL 33487**

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

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

TITLE ☐ Change ☐ Addition
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TITLE ☐ Change ☐ Addition
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 an other like empowered.

SIGNATURE:

SIGNATURE REQUIRED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2/5/03

Date

561-352-0402

Daytime Phone #

CR2E034 (10/02)