

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 29, 2003 8:00 am
Secretary of State

04-29-2003 90055 021 ***150.00

DOCUMENT # P02000127836

1. Entity Name

M & L UNITED CAR WASH, INC.



Principal Place of Business

**312 NE 143 STREET N.
MIAMI FL 33161**

Mailing Address

**P.O. BOX 600119
N. MIAMI FL 33160**

2. Principal Place of Business

312 NE 143 St

Suite, Apt. #, etc.

3. Mailing Address

P.O. Box 600119

Suite, Apt. #, etc.



☐ CHECK HERE IF MAKING CHANGES

City & State

N. Miami FL 33161

Zip

Country

City & State

N. Miami FL

Zip

Country

33160

USA

4. FEI Number

81-0585509

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75 Additional
Fee Required**

6. Name and Address of Current Registered Agent

**PAUL, MICHELET
312 NE 143 STREET N.
MIAMI FL 33161**

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

**PD
PAUL, MICHELET
312 NE 143 STREET N.
MIAMI FL 33161**

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11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

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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: SIGNATURE REQUIRED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/23/03 786-3035555
Date Daytime Phone #

CR2E034 (10/02)