

# FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

**DOCUMENT #** Po8000014761  
**1. Entity Name** DOLPHIN COIN LAUNDRY INC.  
 2190 ALIBABA AVE.  
 OPA LOCKA FL. 33054

FILED  
 SECRETARY OF STATE  
 TALLAHASSEE, FLORIDA

09 JUN 22 AM 3:42

**DO NOT WRITE IN THIS SPACE**

**2. Principal Place of Business**  
 2190 Alibaba Ave.

**3. Mailing Address**

Suite, Apt. #, etc.

Suite, Apt. #, etc.

Opalocka

City & State

City & State

Florida

Zip

Country

Zip

Country

33054

DO NOT WRITE IN THIS SPACE

**4. FEI Number**

41-2270682

**Applied For**

Not Applicable

**5. Certificate of Status Desired**



\$8.75 Additional  
 Fee Required

**7. Name and Address of Current Registered Agent**

**Name**

Fatima Sghar

**Street Address (P.O. Box Number is Not Acceptable)**

15356 S.W. 21st PL

Opalocka FL

**City**

FL

**Zip Code**

33027

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 IN THIS SPACE**

**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**

January 1 - May 1 Fee is \$150.00

After May 1, Fee is \$550.00

Amended UBR is \$61.25

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**

**11.**

**TITLE  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP**

Pres. V.P. S/T.  
 Fatima Sghar  
 15356 S.W. 21st PL.  
 Opalocka FL 33027

**TITLE  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP**

00156573267  
 29/09--01003--008 \*\*150.00

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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)(l), 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 on an attachment with an address, with all other like empowered.**

**SIGNATURE:**

President

4-18-09

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

KS