

2000 UNIFORM BUSINESS REPORT (UBR)**FILED****Apr 27, 2000 8:00 am**
Secretary of State

04-27-2000 90064 036 ***150.00

DOCUMENT # P93000016937

1. Entity Name

LAUNDRY ASSOCIATES, INC.

Principal Place of Business

Mailing Address

**1515 ALTON ROAD
MIAMI BEACH FL 33139
US****1515 ALTON ROAD
MIAMI BEACH FL 33139-3301
US**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country



DO NOT WRITE IN THIS SPACE

4. FEI Number

65-0411246

Applied For

Not Applicable

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

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**PREVITI, PETER
5825 SUNSET DR
SUITE 210
MIAMI FL 33143**

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.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

9. This corporation is eligible to satisfy its Intangible
Tax filing requirement and elects to do so. ☐
(See criteria on back)**FILE NOW!!! FEE IS \$150.00
After MAY 1, 2000 Fee will be \$550.00
Make Check Payable to Department of State**10. Election Campaign Financing
Trust Fund Contribution. ☐**\$5.00** May Be
Added to Fees

11. OFFICERS AND DIRECTORS

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP
	D	<input type="checkbox"/> Delete	WONG, GEOFFREY C	<input type="checkbox"/> Change <input type="checkbox"/> Addition			
	11444 SW 149 COURT		MIAMI FL				
	D	<input type="checkbox"/> Delete	WONG, CLAUDIA S.	<input type="checkbox"/> Change <input type="checkbox"/> Addition			
	1144 SW 149 COURT		MIAMI FL				
		<input type="checkbox"/> Delete		<input type="checkbox"/> Change <input type="checkbox"/> Addition			
		<input type="checkbox"/> Delete		<input type="checkbox"/> Change <input type="checkbox"/> Addition			
		<input type="checkbox"/> Delete		<input type="checkbox"/> Change <input type="checkbox"/> Addition			
		<input type="checkbox"/> Delete		<input type="checkbox"/> Change <input type="checkbox"/> Addition			
		<input type="checkbox"/> Delete		<input type="checkbox"/> Change <input type="checkbox"/> Addition			

13. 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 11 or Block 12 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

Geoffrey C. Wong, PRESIDENT

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

GEOFFREY C. WONG

Date

4/21/00 305-538-0722

Daytime Phone #

CR2E034 (9/99)