2000 UNIFORM BUSINESS REPORT (UBR) FILED Jan 25, 2000 8:00 am Secretary of State DOCUMENT # **P93000053579** SAMPLE LAUDROMAT CORPORATION, INC. 01-25-2000 90024 033 ***150.00 Mailing Address Principal Place of Business 2330 SW 106TH TERRACE 2330 SW 106TH TERRACE DAVIE FL 33324-6313 DAVIE FL 33324 Principal Place of Business 3. Mailing Address DO NOT WRITE IN THIS SPACE Suite, Apt. #, etc. 4. FEI Number Applied For City & State 65-0469008 Not -Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent George DEEB, GEORGE Street Address (P.O. Box Number is Not Acceptable) 304 NORTH CRESCENT DR. HOLLYWOOD FL 33021 106th Terrace 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 FILE NOW!!! FEE IS \$150.00 10. Election Campaign Financing \$5.00 May Be After MAY 1, 2000 Fee will be \$550.00 Tax filing requirement and elects to do so. Trust Fund Contribution. Added to Fees (See criteria on back) Make Check Payable to Department of State OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 12. 11. ☐ Change ☐ Addition ☐ Delete TITLE DEEB, GEORGE NAME STREET ADDRESS STREET ADDRESS 2330 SW 106TH TERRACE CITY-ST-ZIP CITY-ST-ZIP DAVIE FL 33324 ☐ Change Addition □ Delete TITLE TITLE NAME NAME BRINCEFIELD, ROBERT STREET ADDRESS STREET ADDRESS 2850 NE 23RD ST CITY-ST-ZIP CITY-ST-ZIP POMPANO BCH FL Addition ☐ Delete TITLE Change NAME ___ NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change ☐ Addition ☐ Delete TITLE NAME NAME STREET ADORESS STREET ADDRESS CITY-ST-7IP CITY-ST-ZIP ☐ Change ☐ Addition Delete TITLE TITLE NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change Addition ☐ Delete TITLE NAME STREET ADDRESS STREET ADDRESS

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.

CITY-ST-ZIP

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