2002 UNIFORM BUSINESS REPORT (UBR)

P94000019148 **DOCUMENT #** 1. Entity Name LAUNDRY TRANSFER COMPANY, INC. Mailing Address 4821 NORTHEAST 10TH AVE.

FILED Jul 02, 2002 8:00 am **Secretary of State**

07-02-2002 90815 040 ***550.00 Principal Place of Business 4821 NORTHEAST 10TH AVE. BUILDUOO OAKLAND PARK FL 33334 OAKLAND PARK FL 33334 2. Principal Place of Business 3. Mailing Address 2454 MARATHON LAM 2454 MARATHON LANG DO NOT WRITE IN THIS SPACE Suite, Apt. #, etc. Applied For 4. FEI Number City & State City & State 65-0474568 Not Applicable LAUDENDA CA FT LAWDFADA UN \$8.75 Additional Country Country 5. Certificate of Status Desired 454 USA-7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent Name GREENBAUM, DOUGLAS P A Street Address (P.O. Box Number is Not Acceptable) ATTORNEY AT LAW 400 SE 8TH ST. Zip Code FT. LAUDERDALE FL 33316 City 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. (NOTE: Registered Agent signature required when reinstating) Signature, typed or printed name of registered agent and title if applicable. FILE NOW!!! FEE IS \$150.00 . 9. This corporation is eligible to satisfy its Intangible \$5.00 May Be 10. Election Campaign Financing After May 1, 2002 Fee will be \$550.00 Tax filing requirement and elects to do so. Trust Fund Contribution. Make Check Payable to Department of State (See criteria on back) ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 OFFICERS AND DIRECTORS 12. 11. DPU 5 TITLE Delete TITLE FITZPATRICIL, R.B FITZPATRICK, R. B JR NAME NAME STREET ADDRESS 2454 MARATHON LANG 4821 NE 10TH AVE. STREET ADDRESS CITY-ST-ZIP OAKLAND PARK FL 33334 CITY-ST-ZIP ☐ Addition TITLE ☐ Delete TITLE FITZPATRICIC, R. B. JR NAME FITZPATRICK, R. B JR NAME STREET ADDRESS 2454 MARATHON LANE STREET ADDRESS 4821 NE 10TH AVE. 333, 2 conshor. OAKLAND PARK FL 33334 CITY-ST-ZIP. Change ☐ Addition TITLE ☐ Delete TITLE NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-7IP ☐ Change ☐ Addition TITLE ☐ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change ☐ Addition TITLE ☐ Delete TITLE NAME STREET ADDRESS STREET ADDRESS CITY-ST-7IP CITY-ST-ZIP Addition TITLE ☐ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP

13. I hereby certify that the information supplied with this filing does not quality 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.

Prench t

954 584-5619