

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P95000002589

1. Entity Name
IRA'S COIN LAUNDRY CORPORATION

Principal Place of Business Mailing Address
3401-03 SW 8 ST 3401-03 SW 8 ST
MIAMI FL 33135 MIAMI FL 33135

2. Principal Place of Business 3. Mailing Address
Suite, Apt. #, etc. Suite, Apt. #, etc.
City & State City & State
Zip Country Zip Country
MIAMI, FL 33165 USA

FILED
Sep 13, 2001 8:00 am
Secretary of State

09-13-2001 90004 030 ***150.00



DO NOT WRITE IN THIS SPACE

4. FEI Number 65-0551328 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
HERNANDEZ, IRASHEMA
2914 SW 10 STREET
MIAMI FL 33135
Name IRASHEMA HERNANDEZ
Street Address (P.O. Box Number is Not Acceptable)
3440 S.W. 112 AVENUE
City MIAMI FL Zip Code 33165

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 _____ DATE _____
(NOTE: Registered Agent signature required when reinstating)

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 \$550.00 After September 12, 2001 Fee will be \$750.00 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	<input type="checkbox"/> Delete D HERNANDEZ, IRASHEMA 2914 SW 10 STREET MIAMI FL	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition P/D IRASHEMA HERNANDEZ 3440 S.W. 112 AVENUE MIAMI, FL 33165
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<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: _____ DATE: 9-9-01 (86)621-1278
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2034 (5/01)

9-9-01

ATTACHMENT

978321

To Whom It May Concern:

P95000002589

The report that I was suppose to receive months back I never got it. This is the reason I am sending this one late. My personal address has changed.

Please send future reports to my new mailing address.

Please accept the check I am mailing for the amount \$150.00.

Thank you.

Trish H.