2002 UNIFORM BUSINESS REPORT (UBR)

Mar 25, 2002 8:00 am Secretary of State DOCUMENT # P95000066845 1. Entity Name 03-25-2002 90106 022 ***150.00 THE LAUNDRY COMPANY, INC. Principal Place of Business Mailing Address PECS. DIXIE HWY. 1426 S. FEDERAL HIGHWAY HOLLYWOOD FL 33020 HOLLYWOOD FL 3. Mailing Address 112 S. DIXIE HIGHWAY 2. Principal Place of Business Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE City & State City & State 4. FEI Number Applied For 65-0604458 Not Applicable Zip Country Zip Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name CURTIN, TIMOTHY J III Street Address (P.O. Box Number is Not Acceptable) 20515 E. COUNTRY CLUB DR. #1946 **AVENTURA FL 33180** City 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) 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, 2002 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 11. OFFICERS AND DIRECTORS 12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 PRESMENT TITLE Delete TITLE SLOFKIS, NEIL STELLA, MARK NAME NAME 12853 HYLAND CIRCLE 19840 NE 19 AVE STREET ADDRESS STREET ADDRESS **MIAMI FL 33179** CITY-ST-ZIP CITY-ST-ZIP BOCA RATON, FL 33428 ☐ Change ☐ Addition TITLE ☐ Delete TITLE **CURTIN, TIM** NAME NAME 20515 E. COUNTRY CLUB DR. #1946 STREET ADDRESS STREET ADDRESS **AVENTURA FL 33180** CITY-ST-7IP CITY-ST-7IP Change TITLE ...Delete TITLE Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete ☐ Change ☐ Addition TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change ☐ Addition TITLE ☐ Delete TITLE STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE TITLE ☐ Change ☐ Addition ☐ Delete STREET ADDRESS STREET ADDRESS 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 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

954-926-2303

FILED