2002 UNIFORM BUSINESS REPORT (UBR)

FILED May 28, 2002 8:00 am Secretary of State **DOCUMENT #** P95000076688 1. Entity Name LAUNDRYMANIA, INC. 05-28-2002 91632 020 ***150 00 Principal Place of Business Mailing Address 10760 W FLAGLER ST STE ONE 10760 W FLAGLER ST STE ONE SWEETWATER FL 33174 SWEETWATER FL 33174 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE City & State City & State 4. FEI Number Applied For 65-0622929 Not Applicable Zip Country Country **\$8.75** Additional 5. Certificate of Status Desired 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name RODRIGUEZ, RAUL __ _ Street Address (P.O. Box Number is Not Acceptable) 10760 W FLAGLER ST STE ONE **SWEETWATER FL 33174** 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) DATE 9. This corporation is eligible to satisfy its Intangible FILE NOW!!! FEE IS \$150.00 10. Election Campaign Financing Tax filing requirement and elects to do so. After May 1, 2002 Fee will be \$550.00 \$5.00 May Be Trust Fund Contribution. (See criteria on back) Added to Fees Make Check Payable to Department of State 11. OFFICERS AND DIRECTORS 12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 . TITLE. ☐ Delete TITLE ☐ Addition ☐ Change NÂME RODRIGUEZ, RAUL NAME STREET ADDRESS 10760 W FLAGLER ST STE ONE STREET ADDRESS CITY-ST-ZIP SWEETWATER FL 33174 CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change ☐ Addition NAME RODRIGUEZ, BERTHA NAME STREET ADDRESS 10760 W FLAGLER ST STE ONE STREET ADDRESS CITY-ST-ZIP **SWEETWATER FL 33174** CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE Delete TITLE Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete TITLE ☐ Change Addition NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete ☐ Change ☐ Addition NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP 13. Thereby certify that the information supplied with this filling 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

SIGNATURE: Date

changed, or on an attachment with an address, with all-other like empowered.

Daytime Phone #