

**FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

FILED
Apr 07, 2004 8:00 am
Secretary of State

04-07-2004 90334 025 ***150.00

DOCUMENT # *P95000079646*

1. Entity Name

FAMILY COIN LAUNDRY, INC.



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

5955 NE 2ND AV

3. Mailing Address

2152 SW BIRD AV

Suite, Apt. #, etc.

Suite, Apt. #, etc.

MIAMI, FL

PORT ST. LUCIE, FL

City & State

City & State

MIAMI, FL

PORT ST. LUCIE, FL

Zip

Country

Zip

Country

33137

U.S.A.

34953

U.S.A.

4. FEI Number

65-0614629

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

7. Name and Address of Current Registered Agent

Name

SAME ON FILE

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

**DO NOT WRITE
IN THIS SPACE**

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

January 1 - May 1 Fee is \$150.00

After May 1, Fee is \$550.00

Amended UBR is \$61.25

Make Check Payable to Florida Department of State

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE *President*
NAME *Khairagaan Ram*
STREET ADDRESS *2152 SW Bird Ave*
CITY-ST-ZIP *PORT ST. LUCIE FL 34953*

TITLE *Family Coin Laundry (Bus Location)*
NAME *TAM*
STREET ADDRESS *65-0614629*
CITY-ST-ZIP *5955 NE 2nd Ave*

TITLE *Miami FL 33137*

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12. 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 10 or on an attachment with an address, with all other like empowered.

SIGNATURE: *Khairagaan Ram*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-02-04

Date

772.873-2300

Daytime Phone #

CR2E034B (12/02)