

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

FILED
Mar 19, 2003 8:00 am
Secretary of State

03-19-2003 90139 007 ***150.00

DOCUMENT # **P95000079646**

1. Entity Name

FAMILY COIN LAUNDRY INC



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

5955 N.E. 24 AVE

3. Mailing Address

2152 S.W. BIRD AVE

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

MIAMI, FLORIDA

City & State

PORT ST. LUCIE, FL.

4. FEI Number

65-0614629

Applied For

Not Applicable

Zip

33137

Country

DADE

Zip

34953

Country

PORT ST. LUCIE

5. Certificate of Status Desired ☐

\$8.75 Additional Fee Required

7. Name and Address of Current Registered Agent

Name

AMERILAWYER

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

343 ALMERIA AVE

City

CORAL GABLES

FL

Zip Code

33134

**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
NAME
STREET ADDRESS
CITY - ST - ZIP
**PRESIDENT
KHAIRAZAAN RAM
2152 S.W. BIRD AVE
PORT ST. LUCIE, FL. 34953**

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
**SECRETARY
DINAISH RAM
2152 S.W. BIRD AVE.
PORT ST. LUCIE, FL. 34953**

TITLE
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STREET ADDRESS
CITY - ST - ZIP

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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: **Khairazaan Ram KHAIKAZAAN RAM**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

03-17-03 (772-873-2309)

Date

Daytime Phone #

CR2E034B (12/02)