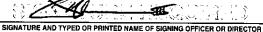
CR2E034 (9/01)

## 2002 Uniform Business Report (UBR)

## Apr 08, 2002 8:00 am Secretary of State DOCUMENT # P96000000490 1. Entity Name 04-08-2002 90215 019 \*\*\*150.00 ALL-AMERICAN COMMERCIAL LAUNDRY, INC. Principal Place of Business Mailing Address 120 S. DIXIE HIGHWAY 120 S. DIXIE HIGHWAY HOLLYWOOD FL 33020 HOLLYWOOD FL 33020 2. Principal Place of Business 3. Mailing Address 112 S. DIXIE HIGHWAY 112 S. DIXIE HIGHWAY Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE City & State City & State 4. FEI Number Applied For 65-0630795 Not Applicable Zip Country αiΣ 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) DATE FILE NOW!!! FEE IS \$150.00 9. This corporation is eligible to satisfy its Intangible 10. Election Campaign Financing \$5.00 May Be Tax filing requirement and elects to do so. After May 1, 2002 Fee will be \$550.00 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 TITLE ☐ Delete TITLE CURTIN, TIMOTHY J. LLL NAME 20515 COUNTRY CLUB DR. # 1946 STREET ADDRESS STREET ADDRESS CITY-ST-ZIP **AVENTURA FL 33180** CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change ☐ Addition NAME SLOFKIS, NEIL NAME STREET ADDRESS 12853 HYLAND CIR STREET ADDRESS CITY-ST-ZIP **BOCA RATON FL 33428** 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 TITLE ☐ Delete ☐ Change ☐ Addition 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-7iP 13. I hereby 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 changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:



**315** (2), (2), (3)

959-926-2303