2001 UNIFORM BUSINESS REPORT (URS)

FILED Mar 09, 2001 8:00 am DOCUMENT # P96000050299 Secretary of State 1. Entity Name PINE LAKE LAUNDROMAT, INC. 03-09-2001 90479 027 ***150.00 Principal Place of Business Mailing Address 11000 SW 55TH ST 10004 GRIFFIN RD STL LAUDERDALE FL 33328 NUUUVVIV COOPER CITY FL 33028 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE City & State City & State Applied For 4. FEI Number 65-0689463 Not Applicable Zip Country Country \$8.75 Additional 5. Certificate of Status Desired 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent MORAITIS, ROBERT J Street Address (P.O. Box Number is Not Acceptable) 1310 SE 3RD AVE FT LAUDERDALE FL 33316 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) 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, 2001 Fee will be \$550.00 Trust Fund Contribution. Added to Fees (See criteria on back) Make Check Payable to Department of State OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 11. 12. **DPS** Change ☐ Addition TITLE ☐ Delete TITLE NAME WIEDEKE, ROBERT NAME STREET ADDRESS STREET ADDRESS 11000 SW 55TH ST CITY-ST-ZIP CITY-ST-ZIP FT LAUDERDALE FL 33328 ☐ Addition Delete ☐ Change TITLE TITLE NAME SIMPSON, DONALD NAME STREET ADDRESS STREET ADDRESS 11000 SW 55TH ST CITY-ST-ZIP CITY-ST-ZIP FT LAUDERDALE FL 33328 TITLE ☐ Delete Change ☐ Addition WIEDEKE, JANICE NAME NAME STREET ADDRESS STREET ADDRESS 11000 SW 55TH ST CITY-ST-ZIP CITY-SI-ZIP FT LAUDERDALE FL 33328 ☐ Addition Change TITLE ☐ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change ☐ Addition TITLE ☐ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete Change ☐ Addition TITLE. NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP 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.