

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P96000082578

1. Entity Name

WEST PALM BEACH LAUNDRY, INC.

FILED
May 07, 2000 8:00 am
Secretary of State

05-07-2000 90024 042 ***150.00

Principal Place of Business

6280 FOREST HILL BLVD
 GREEN ACRES FL 33415
 US

Mailing Address

1443 SUMMIT RUN CIRCLE
 WEST PALM BEACH FL 33415-4748

2. Principal Place of Business

3. Mailing Address

1229 Primrose Lane

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

Wellington, FL

4. FEI Number

65-0703261

Applied For

Not Applicable

Zip

Country

33414

Country

U.S.A.

5. Certificate of Status Desired

☐

\$8.75 Additional
 Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

GARRIDO, ROSA
 1904 MAPLEWOOD DR
 WEST PALM BEACH FL 33415

Name

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

City

FL

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
 Tax filing requirement and elects to do so.
 (See criteria on back) ☐

FILE NOW!!! FEE IS \$150.00
After MAY 1, 2000 Fee will be \$550.00
Make Check Payable to Department of State

10. Election Campaign Financing
 Trust Fund Contribution. ☐

\$5.00 May Be
 Added to Fees

11. OFFICERS AND DIRECTORS

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE D ☐ Delete
 NAME GARRIDO, ROSA
 STREET ADDRESS 1904 MAPLEWOOD DR
 CITY-ST-ZIP WEST PALM BEACH FL 33415

TITLE D ☒ Change ☐ Addition
 NAME GARRIDO, ROSA
 STREET ADDRESS 1229 PRIMROSE LANE
 CITY-ST-ZIP WELLINGTON, FL 33414

TITLE D ☐ Delete
 NAME COLON, GEORGE B
 STREET ADDRESS 10376 PIPPIN LANE
 CITY-ST-ZIP ROYAL PALM BEACH FL 33411

TITLE D ☒ Change ☐ Addition
 NAME COLON, GEORGE B.
 STREET ADDRESS 1229 PRIMROSE LANE
 CITY-ST-ZIP WELLINGTON, FL 33414

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Delete
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 CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
 NAME
 STREET ADDRESS
 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.

SIGNATURE:

Rosa Garrido
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

04-24-2000 (561) 964-1249
 Date Daytime Phone #

CR 1 (04/19/99)