

UNIFORM BUSINESS REPORT (UBR)

Pg. 1 of 2

DOCUMENT # **P96000087487**

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

1. Entity Name
CITY HALL COIN LAUNDROMAT INC.

00 MAR 20 AM 11:26

Principal Place of Business Mailing Address
**129 N. Dixie Hwy
Lakewood FL 33460**

2. Principal Place of Business Mailing Address
Same 3841 WOOLBRIGHT RD

DO NOT WRITE IN THIS SPACE

City & State City & State
BOYNTON BEACH FL

4. FEI Number Applied For
05-0800624 Not Applicable

Zip Country Zip Country
33436 33436

5. Certificate of Status Desired **\$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent
**VINCENTZO LOGRASSO
3841 WOOLBRIGHT ROAD
BOYNTON BEACH FL 33436**

7. Name and Address of New Registered Agent
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]** DATE **3-16-00**

9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so.

**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	
TITLE president	<input type="checkbox"/> Delete
NAME VINCENTZO LOGRASSO	
STREET ADDRESS 3841 WOOL BRIGHT RD	
CITY-ST-ZIP BOYNTON BEACH FL 33436	
TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> 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 another like empowered.

SIGNATURE: **[Signature]**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date **03-02-00** Daytime Phone # **7386262**

CR2E034 (9/99)

Yg. 2012

02-01-00 Attachment

To Div of Corp.

I haven't received the renewal forms for my business City Hall

Coin Laundromat Inc. for 98-99-2000.

I did move so it must of gotten crossed in mail, so I called Div of Corp and they told me to make copy of form and fill out information and mail check for 400.00 for 3 years

Document # is P 96000087487

if any questions please call me at

561-738-6262

Vince to Guss

Thank you (Vince)