

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Aug 13, 2002 8:00 am
Secretary of State

05-24-2002 91329 006 ***150.00

DOCUMENT # P97000003092

1. Entity Name
COAST TO COAST CLEANERS AND LAUNDRY CORP.

NIC
 FLD
 9/19/01
 (Handwritten initials and checkmark)

Principal Place of Business

2531 NE 195 STREET
 N. MIAMI BEACH FL 33180
 US

Mailing Address

2531 NE 195 STREET
 N. MIAMI BEACH FL 33180
 US

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

65-0739590

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
 Fee Required

DO NOT WRITE IN THIS SPACE

41338



6. Name and Address of Current Registered Agent

LAHOUD. JOSEPH
2531 NE 195 STREET
N. MIAMI BEACH FL 33180

7. Name and Address of New Registered Agent

Name

Joseph Lahoud

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

2531 NE 195 ST.

City

N M B. FL - 33180

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. 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

8-8-2

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 \$550.00
After September 13, 2002 Fee will be \$750.00
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 **P** ☐ Delete
 NAME **LAHOUD, JOSEPH**
 STREET ADDRESS **2531 NE 195 STREET**
 CITY-ST-ZIP **N. MIAMI BEACH FL 33180**

TITLE **S** ☐ Delete
 NAME **LAHOUD, JEANNED'ARC**
 STREET ADDRESS **2531 NE 195 STREET**
 CITY-ST-ZIP **N. MIAMI BEACH FL 33180**

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

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

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

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

TITLE ☐ Change ☐ Addition
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 CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
 NAME
 STREET ADDRESS
 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 an other like empowered.

SIGNATURE:

807 AT 12 REQUIRED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

8-8-2

305 8933322

CR2E034 (4/02)

FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P91000003092

1. Entity Name

COAST TO COAST CLEANERS AND LAUNDRY Corp.Attachment41338**DO NOT WRITE IN THIS SPACE**

2. Principal Place of Business

2531 N.E. 195th ST

3. Mailing Address

2531 N.E. 195th ST.

State, Apt. #, etc.

State, Apt. #, etc.

DO NOT WRITE IN THIS SPACE

City & State

AVENUE, FL.

City & State

AVENUE, FL.

4. FE Number

65-0739590

Applied For

Not Applicable

33180Country USA33180Country USA5. Certificate of Status Desired ☐\$8.75 Additional
Fee Required**DO NOT WRITE
IN THIS SPACE**

7. Name and Address of Current Registered Agent

Name JOSEPH LAHOUD

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

2531 NE 195th STCity N.W.B.

FL

Zip Code
33180

8. The undersigned entity, submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.

SIGNATURE

Signature of person who is registered agent for this corporation

Signature of Agent - Agent must be at least 18 years old

DATE

9. This corporation is subject to the Florida Uniform Business Report (UBR) and is required to file the report with the Department of State. (See attached fee book) ☐

January 1 to May 1 Fee is \$150.00
 After May 1 Fee is \$250.00
 Amended UBR is \$100.00
 Make Check Payable to Department of State

10. Election Campaign Financing
Trust Fund Contribution ☐\$5.00 May Be
Added to Fees**OFFICERS AND DIRECTORS**

NAME	STREET ADDRESS	CITY	STATE	ZIP
<u>DP</u> <u>JOSEPH LAHOUD</u>	<u>2531 N.E. 195th ST</u>	<u>AVENUE, FL</u>	<u>33180</u>	
NAME	STREET ADDRESS	CITY	STATE	ZIP
NAME	STREET ADDRESS	CITY	STATE	ZIP
NAME	STREET ADDRESS	CITY	STATE	ZIP
NAME	STREET ADDRESS	CITY	STATE	ZIP
NAME	STREET ADDRESS	CITY	STATE	ZIP
NAME	STREET ADDRESS	CITY	STATE	ZIP
NAME	STREET ADDRESS	CITY	STATE	ZIP
NAME	STREET ADDRESS	CITY	STATE	ZIP

**DO NOT WRITE
IN THIS SPACE**

13. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 110.07(2)(b), Florida Statutes. I further certify that the information included 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 agent or attorney-in-fact empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 11 or on an attachment to this report with all other officers and directors.

SIGNATURE:

SIGNATURE AND PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Corporate Seal

5-102

Attachment
41338
P97000005092

Fl. Dept of State
Division of Corporations

August 6, 2002

To Whom It May Concern:

This application was originally submitted to your department on May 1, 2002 and a check was send along with it. The application didn't contain the information pertaining to the field #7 the "agent name". The dept. returned it requesting this field #7 to be filled out.

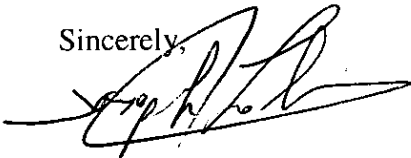
Per the department's request the field #7 was filled out and send back. I have continuously called the dept. to verify that the application was received and to this day it has not. Per the department's clerk, a new blank application was send to me one more time in order to fill it out.

Therefore enclosed are the following documents:

1. The original which was submitted on May 1, 2002
2. The application recently send to me to fill all over again.

Please I am asking for the late fee not to be accessed since the original was submitted on time back in May of 2002.

Sincerely,



Mr. Joseph Lahoud

01 09 02

NEW YORK, NY 10003

STATE OF NEW YORK DIVISION OF CORPORATIONS