

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Mar 28, 2001 8:00 am
Secretary of State

03-28-2001 90223 040 ***150.00

0267292

DOCUMENT # **P97000034207**
 1. Entity Name
SUPER WASH U.S.A., INC.

Principal Place of Business
4245 N. ST RD 7
LAUDERDALE LAKES
FL 33319

Mailing Address
4245 N. ST RD 7
LAUDERDALE LAKES
FL 33319

2. Principal Place of Business
5209 NW 67 AVE
 Suite, Apt. #, etc.

3. Mailing Address
5209 NW 67 AVE
 Suite, Apt. #, etc.



DO NOT WRITE IN THIS SPACE

City & State
LAUDERHILL FL

City & State
LAUDERHILL FL

4. FEI Number
65-0755846

Applied For
 Not Applicable

Zip
33319

Country
BROWARD

Zip
33319

Country
BROWARD

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

6. Name and Address of Current Registered Agent
LUONG, VIET TUAN
4245 N ST RD 7
LAUDERDALE LAKES FL 33319

7. Name and Address of New Registered Agent
 Name **LUONG, VIET TUAN**
 Street Address (P.O. Box Number is Not Acceptable)
5209 NW 67 AVE
 City **LAUDERHILL** FL Zip Code **33319**

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 _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

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, 2001 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 NAME STREET ADDRESS CITY-ST-ZIP	PTD LUONG, VIET TUAN 5209 NW 67 AVE LAUDERHILL FL 33319	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VSD LUONG, MINH THU 5209 NW 67 AVE LAUDERHILL FL 33319	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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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: **VIET LUONG PTD** 3/21/01 956 802 0658
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Date-time Phone #

CR2E034 (10/00)