

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P97000034590

1. Entity Name

SIRIA'S LAUNDROMAT, INC.

**FILED**  
**Mar 27, 2000 8:00 am**  
**Secretary of State**

03-27-2000 90065 012 \*\*\*150.00

Principal Place of Business 1015 W HILLSBOROUGH AVE TAMPA FL 33603	Mailing Address 1015 W HILLSBOROUGH AVE TAMPA FL 33603-1311
--------------------------------------------------------------------------	-------------------------------------------------------------------

2. Principal Place of Business		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country



DO NOT WRITE IN THIS SPACE

4. FEI Number	NOT APPLICABLE	Applied For	Not Applicable
5. Certificate of Status Desired		<input type="checkbox"/> \$8.75 Additional Fee Required	

6. Name and Address of Current Registered Agent

MARTINEZ, PABLO G  
 5619 LARIMER DR  
 TAMPA FL 33615

7. Name and Address of New Registered Agent

Name	Milqueya Pimentel		
Street Address (P.O. Box Number is Not Acceptable)	6804 Chippendale Ct		
City	Tampa	FL	Zip Code 33634

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	2/24/00
-----------	--	------	---------

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	P	TITLE	
NAME	HEYAIME, MARIBEL	NAME	Maribel Martinez
STREET ADDRESS	8312 HILLSBOROUGH AVE	STREET ADDRESS	8312 Beasley Rd
CITY-ST-ZIP	TAMPA FL 33615	CITY-ST-ZIP	Tampa, FL 33615
TITLE		TITLE	
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE		TITLE	
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE		TITLE	
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE		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.

SIGNATURE:		DATE	2/24/00
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		Daytime Phone #	

CR2E034 (9/99)