## FILED 2000 UNIFORM BUSINESS REPORT (UBR) Feb 10, 2000 8:00 am Secretary of State DOCUMENT # P97000097641 KAYDEE LAUNDRY, INC. 02-10-2000 90049 003 \*\*\*150.00 Principal Place of Business Mailing Address OFA LOCKA BLVD. 2000-OPA-LOCKA BLVD. MIAMI FL 33054-4228 NE 128 th Street M1441- FL 33161 Principal Place of Business 3. Mailing Address Spreet 880 NE 880 NE Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE Suite, Apt. #, etc. 4. FEI Number Applied For City & State City & State 65-0796308 - ATH MIAMI-Frokias Himml-NONAL Not Applicable 33161 \$8.75 Additional 5. Certificate of Status Desired Fee Required 8. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent LUCIANO, HILTON I 2068 OPALOCKA BLVD 880 NE 128 th Street Street Address (P.O. Box Number is Not Acceptable) MIAMI FL 33054 NORTH MIAMI, FL 33161 Zip Code City the purpose of changing its registered office or registered agent, or both, in the State of Florida 8. The above named entity submits this statement you t and title if applicable (NOTE: Registered Agent signature required when reinstating) FILE NOW!!! FEE IS \$150.00 9. This corporation is eligible to satisfy its intangible 10. Election Campaign Financing \$5.00 May Be After MAY 1, 2000 Fee will be \$550.00 Tax filing requirement and elects to do so. Trust Fund Contribution Added to Fees $\prod$ (See criteria on back) Make Check Payable to Department of State ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 OFFICERS AND DIRECTORS 11. CR2E034 (9/99) ☐ Delete TITLE TITLE **LUCIANO, HILTON** NAME NAME 880" NE 128 M STROET STREET ADDRESS 2068 OPA LOCKA BLVD. STREET ADDRESS CITY-ST-ZIP NOMH MIAMI- FLORIDA 33161 CITY-ST-ZIP MIAMI FL Change ■ Addition ☐ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIF CITY-ST-ZIP ☐ Change ☐ Addition Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change ☐ Addition ☐ Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Addition Change ☐ Delete TITLE NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Change ☐ Addition TITI F TITLE Delete NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-7IP 13. I hereby certify that the information supplied with this filling 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 eport 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 attachmen with an address, with all other like empowered. 18. 10° 20 30 SIGNATURE:

TURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR