

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P.9800000 8907

1. Entity Name

SAHMY'S HAND CARWASH, Inc.

Principal Place of Business: Mailing Address

15810 SW 101 STREET
MIAMI FL. 33196

2. Principal Place of Business

3. Mailing Address

P.O. Box 164422

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

MIAMI FL.

4. FEI Number

65-0812761

Applied For

Not Applicable

Zip

Country

Zip

Country

33196

USA

5. Certificate of Status Desired

☐

\$8.75 Additional Fee Required

DO NOT WRITE IN THIS SPACE

307653

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

SAMUEL SIERRA
15810 SW 101 ST
MIAMI FL 33196

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, typed or printed name of registered agent and fee if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

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
NAME
STREET ADDRESS
CITY-STATE-ZIP
P. ST
SAMUEL SIERRA
15810 SW 101 STREET
MIAMI FL 33196

☐ Delete

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☐ Change ☐ Addition

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (9/96)

2000 UNIFORM BUSINESS REPORT (UBR)

5/19/00-90084-049-\$150.00-\$150.00

DOCUMENT # **P.9800000 8907**

1. Entity Name

Sunny's Hand Carwash, Inc.

Principal Place of Business Mailing Address

**15810 SW 101 Street
Miami FL 33196**

2. Principal Place of Business

3. Mailing Address

P.O. Box 164422

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Miami FL

4. FEI Number

05-081-2761

Applied For

Not Applicable

Zip

Country

Zip

Country

33196

USA

DO NOT WRITE IN THIS SPACE

Attachment

307653

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**Samuel Sierra
15810 SW 101 Street
Miami, FL 33196**

**P.O. Box 164422
Miami - FL 33116**

Name

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

City

FL

Zip Code

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SIGNATURE

[Signature]

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TITLE NAME STREET ADDRESS CITY-ST-ZIP ☐ Delete

**P, ST
Samuel Sierra
15810 SW 101 Street
Miami FL 33196**

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[Signature]

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Date

Daytime Phone #