

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P98000028831

1. Entity Name

LARGO COIN LAUNDRY INC.

FILED
Apr 07, 2000 8:00 am
Secretary of State

04-07-2000 90033 044 ***150.00

Principal Place of Business	Mailing Address
333 NE CAMPBELL DR. HOMESTEAD FL 33090	333 NE CAMPBELL DR. HOMESTEAD FL 33030

2. Principal Place of Business	3. Mailing Address
Suite, Apt. #, etc.	Suite, Apt. #, etc.

City & State	City & State
Zip	Country

4. FEI Number	65-0820594	Applied For	Not Applicable
5. Certificate of Status Desired		<input type="checkbox"/> \$8.75 Additional Fee Required	



DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent	
PASTRAN, RAUL E 333 NE CAMPBELL DR. HOMESTEAD FL 33090	

7. Name and Address of New Registered Agent	
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 _____ (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	
TITLE	D <input type="checkbox"/> Delete
NAME	PASTRAN, RAUL
STREET ADDRESS	6413 SW 115 AVE.
CITY-ST-ZIP	MIAMI FL 33173
TITLE	D <input type="checkbox"/> Delete
NAME	PASTRAN, DEBORAH
STREET ADDRESS	6413 SW 115 AVE.
CITY-ST-ZIP	MIAMI FL 33173
TITLE	D <input type="checkbox"/> Delete
NAME	CROSTON, WILBERT
STREET ADDRESS	1703 S. GOLDENEYE LANE
CITY-ST-ZIP	HOMESTEAD FL 33090
TITLE	D <input type="checkbox"/> Delete
NAME	WEINBERGER, GLORIA
STREET ADDRESS	9336 SW 7TH LANE
CITY-ST-ZIP	MIAMI FL 33174
TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> 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 all other like empowered.

SIGNATURE:

[Signature]

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

4/3/00 (305) 246-2100

CR2E034 (9/99)