

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # **PA8000049162**
 1. Entity Name **MY COIN CITY LAUNDRY, INC.**

FILED

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**SECRETARY OF STATE
TALLAHASSEE, FLORIDA**

Principal Place of Business **2110 PALM AVENUE
HIALEAH FL 33010**
 Mailing Address **SAME**

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

3. Mailing Address
 Suite, Apt. #, etc.
 City & State
 Zip Country

4. FEI Number **65-0839255**
 Applied For
 Not Applicable
 5. Certificate of Status Desired ☐ **\$8.75 Additional Fee Required**

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent
ANTONIO CEREJO
2110 PALM AVENUE
HIALEAH, FL 33010

7. Name and Address of New Registered Agent
 Name **MIGUEL LUIS LUGO**
 Street Address (P.O. Box Number is Not Acceptable) **2110 PALM AVENUE**
 City **HIALEAH** FL Zip Code **33010**

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 *Miguel Luis Lugo* **3/6/00**
 Signature, typed or printed name of registered agent and title 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
 TITLE **DIP** ☒ Delete
 NAME **LUIS M. SANCHEZ**
 STREET ADDRESS **2110 PALM AVE**
 CITY-ST-ZIP **HIALEAH FL 33010**
 TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP
 TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP
 TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP
 TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11
 TITLE **DIP** ☐ Change ☒ Addition
 NAME **MIGUEL LUIS LUGO**
 STREET ADDRESS **2110 PALM AVE**
 CITY-ST-ZIP **HIALEAH FL 33010**
 TITLE **DIP/SLT** ☐ Change ☒ Addition
 NAME **MIGUEL LUIS LUGO JR**
 STREET ADDRESS **2110 PALM AVE**
 CITY-ST-ZIP **HIALEAH, FL 33010**
 TITLE ☐ Change ☐ Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP
 TITLE ☐ Change ☐ Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP
 TITLE ☐ Change ☐ Addition
 NAME
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 CITY-ST-ZIP
 TITLE ☐ Change ☐ 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 another like empowered.

SIGNATURE: *Miguel Luis Lugo* **3/6/00** **305-884-0087**
 Signature and typed or printed name of signing officer or director Date Daytime Phone #

CR2E034 (9/99)