

2000 UNIFORM BUSINESS REPORT (UBR)

Q 9: 6i

DOCUMENT # P98000072216

1. Entity Name

LAUNDROMAX, INC.

FILED

00 April 27 AM 8:48

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Principal Place of Business

439 NE 7TH AVE
FORT LAUDERDALE FL 33301

Mailing Address

439 NE 7TH AVE
FORT LAUDERDALE FL 33301-1207

2. Principal Place of Business

201 W SUNRISE BLVD

3. Mailing Address

201 W SUNRISE BLVD

Suite, Apt. #, etc.

Suite, Apt. #, etc.

SUITE 200

SUITE 200

City & State

FORT LAUDERDALE, FL

City & State

FORT LAUDERDALE, FL

Zip

33311

Country

BROWARD

Zip

33311

Country

BROWARD

4. FEI Number

65-0860369

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

RODRIGUEZ AND ANGELO PA
RIVERWALK PLAZA STE 4000
333 N NEW RIVER DRIVE EAST
FORT LAUDERDALE FL 33301

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 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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ☐ Delete
NAME D
STREET ADDRESS HAIG, ALAN
CITY-ST-ZIP 439 NE 7TH AVE
FORT LAUDERDALE FL 33301

TITLE ☐ Change ☐ Addition
NAME D
STREET ADDRESS HAIG, ALAN
CITY-ST-ZIP 201 W SUNRISE BLVD - STE 200
FORT LAUDERDALE, FL 33311

TITLE ☐ Delete
NAME D
STREET ADDRESS LAMBERT, ERIC
CITY-ST-ZIP 439 NE 7TH AVE
FORT LAUDERDALE FL 33301

TITLE ☐ Change ☐ Addition
NAME D
STREET ADDRESS LAMBERT, ERIC
CITY-ST-ZIP 201 W SUNRISE BLVD - STE 200
FORT LAUDERDALE FL 33311

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME 800003234638
STREET ADDRESS -05/02/00--01029--001
CITY-ST-ZIP ****500.00 ****150.00

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
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 all other like empowered.

SIGNATURE: X

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (9/99)

KE

3/14/00 454 764-1400