

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P98000096009

1. Entity Name

LAUNDRY ZONE CORP. ✓

Principal Place of Business

811 W PALM DRIVE
FLORIDA CITY FL 33034

Mailing Address

811 W PALM DRIVE
FLORIDA CITY FL 33034
US

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number 65-0883121

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

ABREU, JOSE
8425 SW 199 ST
MIAMI FL 33189

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

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 \$550.00
After SEPTEMBER 13, 2000 Min. will be \$750.00
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 CPD ☐ Delete
NAME ABREU, JOSE
STREET ADDRESS 8425 SW 199 ST
CITY-ST-ZIP MIAMI FL 33189

TITLE VD ☐ Delete
NAME ABREU, AMBARINA
STREET ADDRESS 8425 SW 199 ST
CITY-ST-ZIP MIAMI FL 33189

TITLE S ☐ Delete
NAME ABREU, NEREIDA
STREET ADDRESS 1790 NW 17 ST
CITY-ST-ZIP HOMESTEAD FL 33030

TITLE T ☐ Delete
NAME ABREU, REBECA
STREET ADDRESS 1790 NW 17 ST
CITY-ST-ZIP HOMESTEAD FL 33030

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

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

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

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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 all other like empowered.

SIGNATURE:

Signature Required

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

7-6-00

Date

305-232-2920

Daytime Phone #

FILED
Jul 18, 2000 8:00 am
Secretary of State

07-18-2000 90086 005 ***550.00



DO NOT WRITE IN THIS SPACE

CR2E034 (5/00)