

2001 UNIFORM BUSINESS REPORT (UBR)**DOCUMENT # P99000015722****1. Entity Name**
EXPRESS LAUNDRY, CORP.**FILED**
May 03, 2001 8:00 am
Secretary of State

05-03-2001 90941 012 ***150.00

Principal Place of Business
2601 BROADWAY AVE
WEST PALM BEACH FL 33407**Mailing Address**
2601 BROADWAY AVE
WEST PALM BEACH FL 33407**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 65-0902283

Applied For

Not Applicable

5. Certificate of Status Desired ☐**\$8.75 Additional
Fee Required****6. Name and Address of Current Registered Agent**COKER, RICHARD G JR.
1318 SE 2ND AVE.
FT. LAUDERDALE FL 33316**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 \$150.00**
After MAY 1, 2001 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**
NAME **D**
STEIN, DAVID C ☐ Delete
STREET ADDRESS **1108 N. 19TH AVE.**
CITY-ST-ZIP **HOLLYWOOD FL 33019****TITLE**
NAME ☐ Delete
STREET ADDRESS
CITY-ST-ZIP**TITLE**
NAME ☐ Delete
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CITY-ST-ZIP**TITLE**
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NAME ☐ Delete
STREET ADDRESS
CITY-ST-ZIP**TITLE**
NAME ☐ Delete
STREET ADDRESS
CITY-ST-ZIP**12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11****TITLE** ☒ Change ☐ Addition
NAME
STREET ADDRESS **2601 Broadway Ave**
CITY-ST-ZIP **West Palm Beach FL 33407****TITLE** ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP**TITLE** ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP**TITLE** ☐ Change ☐ Addition
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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, and all other like empowered.****SIGNATURE:**

David Stein, Pres. David Stein

4-26-01

561-802-4432

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (10/00)