

2000 UNIFORM BUSINESS REPORT (UBR)

0003717

DOCUMENT # P99000041137

1. Entity Name

LAUNDROMAX FRANCHISING COMPANY

FILED

00 MAY 20 AM 8:56

SECRETARY OF STATE
TALLAHASSEE FLORIDA

Principal Place of Business

439 NE 7TH AVE.
SUITE C
FT. LAUDERDALE FL 33301

Mailing Address

439 NE 7TH AVE.
SUITE C
FT. LAUDERDALE FL 33311-6206

2. Principal Place of Business

201 W SUNRISE BLVD

3. Mailing Address

201 W SUNRISE BLVD

Suite, Apt. #, etc.

SUITE 200

Suite, Apt. #, etc.

SUITE 200

City & State

FT LAUDERDALE, FL

City & State

FT LAUDERDALE, FL

Zip

33311

Country

BROWARD

Zip

33311

Country

BROWARD

4. FEI Number

☒ 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

REED, DAVID A
450 E. LAS OLAS BLVD.
SUITE 950
FT. LAUDERDALE FL 33301

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, 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 PRESIDENT
NAME ALAN T. HAIG
STREET ADDRESS 1808 SE 25 AVE.
CITY-ST-ZIP FT. LAUDERDALE, FL 33316

TITLE CHIEF FINANCIAL OFFICER
NAME ERIC L. LAMBERT
STREET ADDRESS 2849 NE 26 STREET
CITY-ST-ZIP FT LAUDERDALE, FL 33305

TITLE BERNARD J. BROZEK
NAME CHIEF OPERATING OFFICER
STREET ADDRESS 11151 RED HAWKE STREET
CITY-ST-ZIP PLANTATION, FL 33324

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

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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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (9/99)