

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P99000063830

1. Entity Name

SOUTH FLORIDA POWERWASH, INC.

FILED
May 16, 2000 8:00 am
Secretary of State

05-16-2000 90079 033 ***150.00

Principal Place of Business

Mailing Address

5561 BAYVIEW DRIVE
 FORT LAUDERDALE FL 33308

5561 BAYVIEW DRIVE
 FORT LAUDERDALE FL 33308-3441

2. Principal Place of Business

3200 PORT ROYALE DR N

3. Mailing Address

3200 PORT ROYALE DR N

Suite, Apt. #, etc.

#506

Suite, Apt. #, etc.

#506

City & State

FORT LAUDERDALE FL

City & State

FORT LAUDERDALE FL

Zip

33308-7803

Country

USA

Zip

33308-7803

Country

USA

4. FEI Number

65-0934719.16128

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

LARUE, MICHELLE L
 100 NE 3RD AVENUE
 SUITE 610
 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	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	President
STREET ADDRESS	Edward B. Wilber
CITY-ST-ZIP	3200 Port Royale Dr. N, #506 Fort Lauderdale, FL 33308-7803
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Nice President
STREET ADDRESS	Frances Landanski
CITY-ST-ZIP	1870 NE 210 Street North Miami Beach, FL 33149
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Secretary
STREET ADDRESS	Yair Landanski
CITY-ST-ZIP	1870 NE 210 Street North Miami Beach, FL 33149
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> 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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/27/00

Date

(954) 771-1541

Daytime Phone #

CR2E034 (9/99)