

2000 UNIFORM BUSINESS REPORT (UBR)

5/

DOCUMENT # P99000071161

1. Entity Name

SUD'S LAUNDRY, CORP.

R

FILED
Jul 26, 2000 8:00 am
Secretary of State

05-16-2000 90794 012 ***150.00

Principal Place of Business

Mailing Address

4110 NORTH STATE ROAD 7
LAUDERDALE LAKES FL 33319

4110 NORTH STATE ROAD 7
LAUDERDALE LAKES FL 33319-4827

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

65-0943972

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

7. Name and Address of New Registered Agent

LUGO, RUBEN
5500 THOROUGH BRED LANE
FORT LAUDERDALE FL 33330

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 D
NAME LUGO, RUBEN
STREET ADDRESS 5500 THOROUGH BRED LANE
CITY-ST-ZIP FT LAUDERDALE FL 33330 ☐ Delete

TITLE ☒ Change ☐ Addition
NAME 4300 N. St. Rd 7
STREET ADDRESS Lauderdale Lakes FL
CITY-ST-ZIP 33319

TITLE D
NAME LUGO, DENISE
STREET ADDRESS 5500 THOROUGH BRED LANE
CITY-ST-ZIP FT LAUDERDALE FL 33330 ☐ Delete

TITLE ☒ Change ☐ Addition
NAME 4300 N. St. Rd 7
STREET ADDRESS Lauderdale Lakes, FL
CITY-ST-ZIP 33319

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

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

TITLE ☐ Delete
NAME
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CITY-ST-ZIP

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TITLE ☐ Delete
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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:

SIGNATURE AND:

PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Ruben Lugo

Daytime Phone #

4/27/00

CR2E634 (9/99)