

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P99000071161

1. Entity Name
SUD'S LAUNDRY, CORP.

FILED
May 02, 2001 8:00 am
Secretary of State

05-02-2001 90202 036 ***150.00



DO NOT WRITE IN THIS SPACE

Principal Place of Business
4110 NORTH STATE ROAD 7
LAUDERDALE LAKES FL 33319

Mailing Address
4110 NORTH STATE ROAD 7
LAUDERDALE LAKES FL 33319

2. Principal Place of Business
Suite, Apt. #, etc.
City & State

3. Mailing Address
Suite, Apt. #, etc.
City & State

4. FEI Number **65-0943972**
Applied For
Not Applicable

5. Certificate of Status Desired ☐ **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent
LUJO, RUBEN
5500 THROUGH BRED LANE
FORT LAUDERDALE FL 33330

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			12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE	D	<input type="checkbox"/> Delete	TITLE	LUJO, RUBEN	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	LUJO, RUBEN		NAME		
STREET ADDRESS	4300 N ST RD 7		STREET ADDRESS		
CITY-ST-ZIP	FORT LAUDERDALE FL 33319		CITY-ST-ZIP		
TITLE	D	<input type="checkbox"/> Delete	TITLE	LUJO, DENISE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	LUJO, DENISE		NAME		
STREET ADDRESS	4300 N ST RD 7		STREET ADDRESS		
CITY-ST-ZIP	FORT LAUDERDALE FL 33319		CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
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STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
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NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			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: Ruben Lujo RUBEN LUJO 4-24-01 (954) 484-1952
Date Daytime Phone #

CR2E034 (10/00)