2000 UNIFORM BUSINESS REPORT (UBR) FILED Jan 24, 2000 8:00 am Secretary of State **DOCUMENT # \$35879** 1. Entity Name OAKLAND LAUNDRY CORPORATION 01-24-2000 90051 002 ***150.00 Principal Place of Business Mailing Address 2330 SW 106TH TERRACE 2330 SW 106TH TERRACE DAVIE FL 33324-6313 DAVIE FL 33324 US US Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE Suite, Apt. #, etc. Applied For City & State 4. FEI Number 65-0249534 Not Applicable Country Zip \$8.75 Additional 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent DEEB, GEORGE M. 304 N. CRESCENT DR. HOLLYWOOD FL 33021 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 DATE (NOTE: Registered Agent signature required when reinstating) Signature, typed or printed name of registered agent and title if applicable FILE NOW!!! FEE IS \$150.00 9. This corporation is eligible to satisfy its Intangible 10. Election Campaign Financing \$5.00 May Be Tax filing requirement and elects to do so. After MAY 1, 2000 Fee will be \$550.00 Trust Fund Contribution. Added to Fees (See criteria on back) Make Check Payable to Department of State ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 OFFICERS AND DIRECTORS 11. 12. PTD ☐ Change ☐ Addition ☐ Delete TITLE TITLE NAME NAME DEEB, GEORGE M. STREET ADDRESS 2330 SW 106TH TERRACE STREET ADDRESS CITY-ST-ZIP DAVIE FL 33324 CITY-ST-ZIP ☐ Addition ☐ Change VSD ☐ Delete TITLE BRINCEFIELD, ROBERT E.JR NAME STREET ADDRESS 2850 N.E. 23RD ST STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP POMPANO BCH FL ☐ Delete TITLE Change ☐ Addition TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Addition Delete TITLE Change TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Change Addition ☐ Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Addition Change ☐ Delete TITLE TITLE NAME NAME

13. I hereby certify that the information supplied with this filling 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.

STREET ADDRESS CITY-ST-ZIP

SIGNATURE: Colorge M. Dilb Heavy Del 1120100 (954) 370

STREET ADDRESS

CITY-ST-ZIP