2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # S48046

1. Entity Name

OAKLAND MANORS COIN LAUNDRY, INC.

06-30-2000 90007 022 ***150.00
FILED S48046
SECRETARY OF STATE
DIVISION OF CORPORATIONS

00 June 30 2:12

DO NOT WRITE IN THIS SPACE

Principal Place of Business	Mailing Address
3655 N. DIXIE HWY. OAKLAND PARK FL 33334 US	3655 N. DIXIE HWY. OAKLAND PARK FL 33334-2921 US

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 65-0257126 ☐ 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
VECCHIO, JOSEPH 2929 E. COMMERCIAL BLVD. FT. LAUDERDALE FL 33308	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 _____ DATE
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

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 / NAME / STREET ADDRESS / CITY-ST-ZIP	S HOSBACH, CHRSITIAN F. 201 NE 29TH ST. WILTON MANORS FL 33334	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	V SCIORSCI, LISA A 106 HAMILTON PARK AVE. ELMWOOD PARK NJ 07407	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	V Sciorsci Lisa A. 2189 Ellery Ave Ft. Lee, N.J. 07024	☑ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	P HOSBACH, LAURA 201 NE 29TH ST. WILTON MANORS FL	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	T HOSBACH, GUSTAN C. 201 NE 29TH ST. WILTON MANORS FL	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	S HOSBACH, ANDREA 1069 NE 34TH CT OAKLAND PARK FL 33334	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition

CR2E034 (9/99)

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 add'l fee, with all other like empowered.

SIGNATURE: Gustan C Hosbach 4/1/00 954-56-3393
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #