

2001 UNIFORM BUSINESS REPORT (UBR)

05-10-2001 90034 042 ***150.00
S48046

DOCUMENT # S 48046

1. Entity Name

OAKLAND MANORS Coin Laundry, Inc.

FILED

01 MAY 18 PM 2:46

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Principal Place of Business

Mailing Address

3655 N. Dixie Hwy
OAKLAND PARK FL 33334
US

201 N.E. 29th St.
WILTON MANORS, FL. 33334
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

DO NOT WRITE IN THIS SPACE

LS

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

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	S	☐ Delete
NAME	HOSBACH, Christian F.	
STREET ADDRESS	201 N.E. 29th St.	
CITY-ST-ZIP	WILTON MANORS FL 33334	
TITLE	V	☐ Delete
NAME	SCIORSKI, LISA A	
STREET ADDRESS	2189 ELLERY AVE	
CITY-ST-ZIP	FT. LEE, N.J. 07024	
TITLE	P	☐ Delete
NAME	HOSBACH, LAURA	
STREET ADDRESS	201 N.E. 29th St.	
CITY-ST-ZIP	WILTON MANORS FL 33334	
TITLE	T	☐ Delete
NAME	HOSBACH, GUSTAV C	
STREET ADDRESS	201 N.E. 29th St.	
CITY-ST-ZIP	WILTON MANORS FL 33334	
TITLE	S	☐ Delete
NAME	HOSBACH, ANDREA	
STREET ADDRESS	1069 N.E. 34th St	
CITY-ST-ZIP	OAKLAND PARK, FL. 33334	
TITLE		☐ Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE		☐ Change ☐ Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		☒ Change ☐ Addition
NAME	HOSBACH, SCIORSKI, LISA A	
STREET ADDRESS	2189 ELLERY AVE	
CITY-ST-ZIP	FT. LEE, N.J. 07024	
TITLE		☐ Change ☐ Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		☐ Change ☐ Addition
NAME		
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 another like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

4/20/01 (954-537-7726)

CR2E034 (11/00)

5/18