

# 2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Apr 30, 2003 8:00 am**  
**Secretary of State**

04-30-2003 90129 003 \*\*\*150.00

**DOCUMENT # S48046**

1. Entity Name  
**OAKLAND MANORS COIN LAUNDRY, INC.**



Principal Place of Business  
**3655 N. DIXIE HWY.  
OAKLAND PARK FL 33334  
US**

Mailing Address  
**3655 N. DIXIE HWY.  
OAKLAND PARK FL 33334  
US**

11063448



2. Principal Place of Business

3. Mailing Address

**901 SW 121st Ave**

**901 SW 121st Ave**

Suite, Apt. #, etc.

Suite, Apt. #, etc.

☒ CHECK HERE IF MAKING CHANGES

City & State  
**DAVIE FL**

City & State  
**DAVIE FL**

4. FEI Number  
**65-0257126**

Applied For  
Not Applicable

Zip  
**33325**

Country  
**USA**

Zip  
**33325**

Country  
**USA**

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

**FILE NOW!!! FEE IS \$150.00  
After May 1, 2003 Fee will be \$550.00  
Make Check Payable to Florida Department of State**

9. Election Campaign Financing  
Trust Fund Contribution. ☐ **\$5.00 May Be Added to Fees**

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
**S  
HOSBACH, CHRISTIAN F  
5435 N.W.49THCT  
COCONUT CREEK FL 33073**

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

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
**V  
HOSBACH SCIORSKI, LISA A  
2189 ELLERY AVE  
FT LEE NJ 07024**

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

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
**P  
HOSBACH, LAURA  
201 NE 29TH ST.  
WILTON MANORS FL 33334**

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
☒ Change ☐ Addition  
**P  
HOSBACH, LAURA  
901 SW 121st Ave  
DAVIE FL 33325**

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
**T  
HOSBACH, GUSTAV C  
201 NE 29TH ST.  
WILTON MANORS FL 33334**

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
☒ Change ☐ Addition  
**T  
HOSBACH Gustav C.  
901 SW 121st Ave  
DAVIE FL 33325**

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
**S  
HOSBACH, ANDREA  
1069 NE 34TH CT  
OAKLAND PARK FL 33334**

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
☐ Change ☒ Addition  
**V  
HOSBACH, AMANDA  
901 SW. 121st Ave  
DAVIE FL 33325**

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
☐ Delete

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

12. 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (10/02)