

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
May 01, 2002 8:00 am
Secretary of State
 05-01-2002 91617 038 ***158.75

0544839 SP

DOCUMENT # V39690

1. Entity Name
GRAND AVENUE COIN LAUNDRY, INC.

Principal Place of Business

#420 AGUIRE
1000 BRICKELL AVE
MIAMI FL 33133
US

Mailing Address

P.O. BOX 1945
COCONUT GROVE FL 33233

2. Principal Place of Business

281 SW 28TH RD
 Suite, Apt. #, etc.

3. Mailing Address

Box 602
 Suite, Apt. #, etc.



DO NOT WRITE IN THIS SPACE

City & State

MIAMI FL

City & State

BANDVILLE VT

Zip

33245

Country

USA

Zip

05340

Country

USA

4. FEI Number

65-0344402

Applied For

Not Applicable

5. Certificate of Status Desired



\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

ALTMAN, STUART H
100 SE 2ND ST, 17TH FL
MIAMI FL 33131

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, 2002 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

TITLE **P** ☐ Delete
NAME **CARROLL, C. A.**
STREET ADDRESS **C/O M.G. AGUIRE, #420, 1000 BRICKELL AVE**
CITY-ST-ZIP **MIAMI FL 33131**

TITLE **ST** ☐ Delete
NAME **CARROLL, M J**
STREET ADDRESS **C/O M.G. AGUIRE, #420, 1000 BRICKELL AVE**
CITY-ST-ZIP **MIAMI FL 33131**

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

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NAME
STREET ADDRESS
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TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE **P** ☒ Change ☐ Addition
NAME **CARROLL, CA**
STREET ADDRESS **C/O M.G. AGUIRE 281 SW 28 RD**
CITY-ST-ZIP **MIAMI FL 33129**

TITLE **ST** ☒ Change ☐ Addition
NAME **CARROLL, M J**
STREET ADDRESS **C/O M.G. AGUIRE 281 SW 28 RD**
CITY-ST-ZIP **MIAMI FL 33129**

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

TITLE ☐ Change ☐ Addition
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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 all other like empowered.

SIGNATURE:

SIGNATURE REQUIRED
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

15 Apr 02
 Date

802-297 3156
 Daytime Phone #

CR2E034 (9/01)