

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Feb 03, 2002 8:00 am
Secretary of State

02-03-2002 90032 031 ***150.00

DOCUMENT # P96000023262

1. Entity Name
LINEN USA CORPORATION



Principal Place of Business

Mailing Address

~~2108 N.W. 20TH STREET~~
~~MIAMI FL 33142~~

~~2108 N.W. 20TH STREET~~
~~MIAMI FL 33142~~

2. Principal Place of Business

3. Mailing Address

2501 NW 20 ST

8502 NW 198 TERR

Suite, Apt. #, etc.

Suite, Apt. #, etc.

DO NOT WRITE IN THIS SPACE

City & State

MIAMI FL

City & State

MIAMI FL

4. FEI Number

65-0653634

Applied For

Not Applicable

Zip

33142

Country

MIAMI-DX

Zip

33015

Country

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

TORRES, JOSE G
8502 NW 198TH TERR
MIAMI FL 33015

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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE Delete
 NAME **D**
TORO, JUAN C DR.
 STREET ADDRESS ~~6311 S.W. 80TH ST.~~
 CITY-ST-ZIP ~~MIAMI FL 33143~~

TITLE Change Addition
 NAME
 STREET ADDRESS **8270 SW 58 ST**
 CITY-ST-ZIP **MIAMI FL 33143**

TITLE Delete
 NAME **D**
TORO, SANDRA DR.
 STREET ADDRESS ~~6311 S.W. 80TH ST.~~
 CITY-ST-ZIP ~~MIAMI FL 33143~~

TITLE Change Addition
 NAME
 STREET ADDRESS **8270 SW 58 ST**
 CITY-ST-ZIP **MIAMI FL 33143**

TITLE Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE Change Addition
 NAME
 STREET ADDRESS
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TITLE Delete
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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

01/15/02 305-638-5550

Date

Daytime Phone #

CR2E034 (9/01)