FILED

## **2002 UNIFORM BUSINESS REPORT (UBR)**

SIGNATURE:

## Apr 18, 2002 8:00 am Secretary of State 356537 DOCUMENT # 1. Entity Name 04-18-2002 90391 047 \*\*\*150.00 LINDA B HOLDING CORP. Principal Place of Business Mailing Address 1000 N W 25TH AVENUE 1000 N W 25TH AVENUE MIAMI FL 33125 **MIAMI FL 33125** 2. Principal Place of Business 3. Mailing Address 3600 N.W. 37 Court 3600 N.W. <u> 37 Court</u> Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE City & State City & State 4. FEI Number Applied For 59-1288617 Miami, Miami, Florida Not Applicable Country Zip \$8.75 Additional 5. Certificate of Status Desired Fee Required 33142 33142 USA USA 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Rafael Hernandez WASSERSTROM, BARRY Street Address (P.O. Box Number is Not Acceptable) 5801 BOSCAYNE BLVD 3600 N.W. 37 Court **MIAMI FL 33137** City Zip Code <u>33142</u> Miami 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. Rafael Hernandez FILE NOW!!! FEE IS \$150.00 9. This corporation is eligible to satisfy its Intangible 10. Election Campaign Financing \$5.00 May Be Tax filing requirement and elects to do so. After May 1, 2002 Fee will be \$550.00 Added to Fees Trust Fund Contribution. (See criteria on back) Make Check Payable to Department of State 11. OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 (10/01) TITLE . Delete TITLE **Change** ☐ Addition BENNETT, ROSE MARIE NAME NAME Rose Marie Rennett 3600 N.W. 37 Court 1000 NW 25 AVE. STREET ADDRESS STREET ADDRESS MIAMI FL CITY-ST-ZIP CITY-ST-ZIP Miami, Florida 33142 TITLE Delete TITLE VΡ ☐ Change Addition NAME NAME Rafael Hernandez STREET ADDRESS STREET ADDRESS 3600 N.W. 37 Court CITY-ST-ZIE CITY-ST-ZIP Miami, Florida 33142 TITLE ☐ Delete TITLE Change \_\_\_ Addition= NAME Rosa Perez 3600 N.W. STREET ADDRESS STREET ADDRESS 37 Court CITY-ST-7IP CITY-ST-ZIP Miami, Florida ☐ Addition TITLE Delete TITLE ☐ Change NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Delete TITLE ☐ Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE Delete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP 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.

Rafael Hernandez

92/22/02

Daytime Phone #