

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # 681628

1. Entity Name

SACHET FINE LINENS & LINGERIE, INC.

FILED
Apr 11, 2001 8:00 am
Secretary of State

04-11-2001 90038 013 ***150.00

Principal Place of Business

9563 HARDING AVENUE
SURFSIDE FL 33154

Mailing Address

~~9563 HARDING AVENUE~~
~~SURFSIDE FL 33154~~

2. Principal Place of Business

3. Mailing Address

20803 Biscayne Blvd

Suite, Apt. #, etc.

Suite, Apt. #, etc.

Suite 301

City & State

City & State

Aventura FL

Zip

Country

Zip

Country

33180

Miami Dade



DO NOT WRITE IN THIS SPACE

4. FEI Number 59-2020441

Applied For

Not Applicable

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

MARCUS, ALAN J.

Name

Street Address (P.O. Box Number is Not Acceptable)

20803 Biscayne Blvd # 301

City

Aventura

State

Zip Code

33180

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 fee 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	PD	<input type="checkbox"/> Delete
NAME	MARCUS, ALAN J.	
STREET ADDRESS	9563 HARDING AVENUE	
CITY-STATE-ZIP	SURFSIDE FL	
TITLE	VTD	<input type="checkbox"/> Delete
NAME	MARCUS, MORRISA	
STREET ADDRESS	8901 CARLYLE AVE	
CITY-STATE-ZIP	SURFSIDE FL	
TITLE	SD	<input type="checkbox"/> Delete
NAME	MARCUS, CHARLOTTE	
STREET ADDRESS	8901 CARLYLE AVENUE	
CITY-STATE-ZIP	SURFSIDE FL	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
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CITY-STATE-ZIP		

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-STATE-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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (10/00)