

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # G12197

1. Entity Name

LINIA HOLDINGS, INC.

FILED
Apr 25, 2000 8:00 am
Secretary of State

04-25-2000 90013 003 ***150.00

Principal Place of Business

Mailing Address

W. F. SIMONET
400 NORTH FERN CREEK AVE
ORLANDO FL 32803

% W. F. SIMONET
400 NORTH FERN CREEK AVE
ORLANDO FL 32803-5432

2. Principal Place of Business

3. Mailing Address

241 SEVILLA AVENUE

241 SEVILLA AVENUE

Suite, Apt. #, etc.

Suite, Apt. #, etc.

SUITE 800

SUITE 800

City & State

City & State

CORAL GABLES FL

CORAL GABLES FL

Zip

Country

33134

USA

Zip

Country

33134

USA



DO NOT WRITE IN THIS SPACE

4. FEI Number

59-2295292

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

SIMONET, W. F.
400 NORTH FERN CREEK AVE
ORLANDO FL 32803

Name

SAME

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

11325 RIVER BANK BLVD

City

ORLANDO FL

FL

Zip Code

32817

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, 2000 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
NAME
STREET ADDRESS
CITY-ST-ZIP
DPS
PURI, A K
341 LEUCADENDRA DR.
CORAL GABLES FL

☐ Delete

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

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
S
SIMONET, W F
400 N FERN CREEK AVE
ORLANDO, FL 00000

☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☒ Change ☐ Addition
11325 RIVER BANK BLVD
ORLANDO FL 32817

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
VS
LABAN, G. M.
10883 SW 78 AVE
MIAMI FL 33156

☐ Delete

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

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

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☐ Change ☐ Addition

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☐ Delete

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

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

4-18-00

Date

305 448 8822

Daytime Phone #

CR2E034 (9/99)