

FILED
Jul 02, 2002 8:00 am
Secretary of State

05-13-2002 90193 033 ***150.00

**FOR PROFIT CORPORATION
 UNIFORM BUSINESS REPORT (UBR)**

DOCUMENT # *k33706*
 1. Entity Name
LINEN EMROIDERY Co., INC.

DO NOT WRITE IN THIS SPACE

96283

2. Principal Place of Business <i>13390 SW 131st Street</i>		3. Mailing Address <i>13390 S.W. 131st Street</i>	
Suite, Apt. #, etc. <i>120</i>		Suite, Apt. #, etc. <i>120</i>	
City & State <i>MIAMI FL</i>		City & State <i>MIAMI FL</i>	
Zip <i>33186</i>	Country <i>USA</i>	Zip <i>33186</i>	Country <i>USA</i>

DO NOT WRITE IN THIS SPACE

4. FEI Number	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	

DO NOT WRITE IN THIS SPACE	7. Name and Address of Current Registered Agent	
	Name <i>ELENA CABAN</i>	
	Street Address (P.O. Box Number is Not Acceptable) <i>13390 S.W. 131st Street</i>	
	City <i>MIAMI</i>	FL Zip Code <i>33183</i>

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 *Elena Caban* DATE _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. (See criteria on back) <input type="checkbox"/>	January 1 - May 1 Fee is \$150.00 After May 1, Fee is \$550.00 Amended UBR is \$61.25 Make Check Payable to Department of State	10. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees
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11. OFFICERS AND DIRECTORS			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<i>PRESIDENT ELENA CABAN 13390 SW 131st Street MIAMI FL 33186</i>	TITLE NAME STREET ADDRESS CITY-ST-ZIP	
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13. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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 on an attachment with an address, with all other like empowered.

SIGNATURE: *Elena Caban ELENA CABAN, PRESIDENT* 4/25/02 305-251-5327
Signature and typed or printed name of signing officer or director Date Daytime Phone #

CR2E034B (12/01)