

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # L05183

1. Entity Name

SUPER LINEN SERVICE CORP.

FILED
Feb 14, 2001 8:00 am
Secretary of State

02-14-2001 90011 020 ***150.00

Principal Place of Business

695 N.W. 4TH AVENUE
FT. LAUDERDALE FL 33311

Mailing Address

695 N.W. 4TH AVENUE
FT. LAUDERDALE FL 33311

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

695 NW 4 AVE

Suite, Apt. #, etc.

695 NW 4 AVE

City & State

Ft Lauderdale

City & State

Ft Lauderdale

Zip

FL

Country

33311

Zip

FL

Country

33311

6. Name and Address of Current Registered Agent

KWAN, SUI HO
695 NW 4TH AVE
FT LAUDERDALE FL 33311

7. Name and Address of New Registered Agent

Name

KWAN, SUI HO

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

695 NW 4th AVE

City

Ft Lauderdale

FL

Zip Code

33311

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, 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

TITLE D
NAME LEE, WING TSUN
STREET ADDRESS 4101 HIATUS RD, APT 306
CITY-ST-ZIP SUNRISE FL ☒ Delete

TITLE S
NAME MA, BONNIE, Y
STREET ADDRESS 2367 UNIVERSITY DR
CITY-ST-ZIP CORAL SPRINGS FL 33065 ☐ Delete

TITLE P
NAME HO, KWAN SUI
STREET ADDRESS 695 NW 4TH AVENUE
CITY-ST-ZIP FT. LAUDERDALE FL ☐ Delete

TITLE V
NAME MAO, KAI MING
STREET ADDRESS 695 NW 4TH AVENUE
CITY-ST-ZIP FT. LAUDERDALE FL ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

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

TITLE
NAME 11471 W. Sample Rd., Suite 41
STREET ADDRESS Coral Springs, FL 33065 ☒ Change ☐ Addition

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

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

TITLE D
NAME Yuen, Hon Wai
STREET ADDRESS 11119 N. W. 46 Drive
CITY-ST-ZIP Coral Springs, FL 33076 ☐ Change ☒ Addition

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

KWAN SUI HO

Date

1/11/01

Daytime Phone #

CR2E034 (10/00)