

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Feb 14, 2001 8:00 am
Secretary of State
 02-14-2001 90011 020 ***150.00

UCR2001

DOCUMENT # L05183

1. Entity Name
SUPER LINEN SERVICE CORP.

Principal Place of Business Mailing Address
695 N.W. 4TH AVENUE 695 N.W. 4TH AVENUE
FT. LAUDERDALE FL 33311 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



DO NOT WRITE IN THIS SPACE

4. FEI Number 65-0153835	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	

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		
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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 _____ (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) <input type="checkbox"/>	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. <input type="checkbox"/> \$5.00 May Be Added to Fees
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11. OFFICERS AND DIRECTORS		12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D LEE, WING TSUN 4101 HIATUS RD, APT 306 SUNRISE FL <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S MA, BONNIE, Y 2367 UNIVERSITY DR CORAL SPRINGS FL 33085 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 11471 W. Sample Rd., Suite 41 Coral Springs, FL 33065
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P HO, KWAN SUI 695 NW 4TH AVENUE FT. LAUDERDALE FL <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V MAO, KAI MING 695 NW 4TH AVENUE FT. LAUDERDALE FL <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition D Yuen, Hon Wai 1119 N. W. 46 Drive Coral Springs, FL 33076
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> 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] **KWAN SUI HO** 1/11/01
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (10/00)