

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Feb 03, 2002 8:00 am
Secretary of State

02-03-2002 90014 023 ***150.00

DOCUMENT # L05183

1. Entity Name

SUPER LINEN SERVICE CORP.

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.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

65-0153835

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$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 **HO, KWAN SUI**

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

695 NW 4TH AVENUE

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)

1/18/02

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, 2002 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 **S** ☐ Delete
 NAME **MA, BONNIE, Y**
 STREET ADDRESS **11471 W SAMPLE ROAD STE 41**
 CITY-ST-ZIP **CORAL SPRINGS FL 33065**

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

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

TITLE **D** ☐ Delete
 NAME **YUEN, HON WAI**
 STREET ADDRESS **11119 N W 46TH DRIVE**
 CITY-ST-ZIP **CORAL SPRINGS FL 33076**

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

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

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

TITLE ☐ Change ☐ Addition
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TITLE ☐ Change ☐ Addition
 NAME
 STREET ADDRESS
 CITY-ST-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 REQUIRED
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

HO, KWAN SUI

1/18/02

Date

(954) 467-3773

Daytime Phone #

CR2E034 (9/01)