

**2003 FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

FILED
Jan 29, 2003 8:00 am
Secretary of State

01-29-2003 90148 021 ***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

4. FEI Number **65-0153835**

Applied For

Not Applicable

Zip

Country

Zip

Country

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

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

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

HO, KWAN SUI

1/24/03

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW!! FEE IS \$150.00

After May 1, 2003 Fee will be \$550.00

Make Check Payable to Florida Department of State

9. Election Campaign Financing
Trust Fund Contribution. ☐

**\$5.00 May Be
Added to Fees**

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

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

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

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

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

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

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

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

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

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

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

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

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

12. 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

SIGNATURE REQUIRED, KWAN SUI

1/24/03

(954) 467-3773

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (10/02)