

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 16, 2001 8:00 am
Secretary of State

04-16-2001 90040 050 ***150.00

DOCUMENT # P00000028786

1. Entity Name

EXCLUSIVE LINENS BY S&S CORP.

Principal Place of Business

6260 NW 173RD ST APT 1108
HIALEAH FL 33015-4563

Mailing Address

6260 NW 173RD ST APT 1108
HIALEAH FL 33015-4563

2. Principal Place of Business

12044 SW 5 CT.

3. Mailing Address

12044 SW 5 CT.

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

PEMBROKE PINES, FL.

City & State

PEMBROKE PINES, FL.

4. FEI Number

52-2226006

Applied For

Not Applicable

Zip

Country

33025

Zip

Country

33025

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

SILVESTRI, SANDRA
6260 NW 173RD ST APT 1108
HIALEAH FL 33015-4563

Name

SANDRA SILVESTRI

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

12044 SW 5 CT

City

PEMBROKE PINES

FL

Zip Code

33025

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 of registered agent 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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ☐ Delete
NAME **PD**
STREET ADDRESS **SILVESTRI, SANDRA**
CITY-ST-ZIP **6260 NW 173RD ST APT 1108**
HIALEAH FL 33015-4563

TITLE ☐ Change ☐ Addition
NAME **PD**
STREET ADDRESS **SILVESTRI SANDRA**
CITY-ST-ZIP **12044 SW 5 CT**
PEMBROKE PINES, FL 33025

TITLE ☐ Delete
NAME **V**
STREET ADDRESS **ANDION, SILVIA**
CITY-ST-ZIP **6260 NW 173RD ST APT 1108**
HIALEAH FL 33015-4563

TITLE ☐ Change ☐ Addition
NAME **V**
STREET ADDRESS **ANDION, SILVIA**
CITY-ST-ZIP **12044 SW 5 CT**
PEMBROKE PINES, FL 33025

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

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

TITLE ☐ Delete
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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 supplement 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 all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (10/00)