

# 2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Sep 08, 2003 8:00 am**  
**Secretary of State**

09-08-2003 90310 008 \*\*\*150.00

**DOCUMENT # P00000028786**

1. Entity Name  
**EXCLUSIVE LINENS BY S&S CORP.**

Principal Place of Business  
7135 YACHT BASIN AV.  
#219  
ORLANDO, FL 32835

Mailing Address  
7135 YACHT BASIN AV.  
#219  
ORLANDO, FL 32835

**90154993**

2. Principal Place of Business  
**6105 RALEIGH ST**  
Suite, Apt. #, etc. **# 312**

3. Mailing Address  
**6105 RALEIGH ST**  
Suite, Apt. #, etc. **# 312**

City & State  
**ORLANDO, FL**

City & State  
**ORLANDO, FL**

Zip  
**32835**

Country  
**USA**

Zip  
**32835**

Country  
**USA**

6. Name and Address of Current Registered Agent

**SILVESTRI, SANDRA**  
**12044 SW 5 CT**  
**PEMBROKE PINES, FL 33026**

7. Name and Address of New Registered Agent

Name **SILVESTRI, SANDRA**

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

**6105 RALEIGH ST # 312**

City **ORLANDO** FL **32835**

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

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

(NOTE: Registered Agent signature required when resigning.)

**09/02/03**

DATE

**FILE NOW!!! FEE IS \$150.00**  
**After May 1, 2003 Fee will be \$250.00**  
**Amended UBR's \$25.00**  
**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

TITLE **PD** ☐ Delete  
NAME **SILVESTRI, SANDRA**  
STREET ADDRESS **12044 SW 5 CT**  
CITY-ST-ZIP **PEMBROKE PINES, FL 33026**

TITLE **V** ☐ Delete  
NAME **ANDION, SILVIA**  
STREET ADDRESS **12044 SW 5 CT**  
CITY-ST-ZIP **PEMBROKE PINES, FL 33026**

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE **PD** ☒ Change ☐ Addition  
NAME **SILVESTRI, SANDRA**  
STREET ADDRESS **6105 RALEIGH ST # 312**  
CITY-ST-ZIP **ORLANDO, FL 32835**

TITLE **V** ☒ Change ☐ Addition  
NAME **ANDION, SILVIA**  
STREET ADDRESS **6105 RALEIGH ST # 312**  
CITY-ST-ZIP **ORLANDO, FL 32835**

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

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

TITLE ☐ Change ☐ Addition  
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)(1), 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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**SANDRA SILVESTRI**

**09/02/03**

**407-7094298**

DATE

Daytime Phone #

CRZE034 (10/02)

*Attachment*  
*Exclusive*  
*Linens*  
*by S&S*

90154993  
*AP00000028786*

Orlando Sept 2, 2003

**Florida Department of State  
Division of Corporations  
P.O.Box 6327  
Tallahassee FL 32314**

**Ref: 2003 - Uniform Business Report**

To Whom It May Concern:

Unfortunately Our Company didn't **received Annual Business Report for year 2003**, our new address since last year was **6105 Raleigh St. #312 Orlando FL 32835**, the change of address was reported even with postmaster (fowarding service), your records appears our old address, 7135 Yath Basin Av. #219 Orlando Fl 32835.

In accordance to your instructions by phone , attach you will find, uniform Business Report Form for year 2003 and Ck at the name of Florida Department of State in the amount of \$ 150.00.

Sincerely yours,

  
**Sandra Silvestri  
President**