

2001 UNIFORM BUSINESS REPORT (UBR)

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

05-16-2001 90005 009 ***150.00

0133638

DOCUMENT # P00000039434

1. Entity Name

FIRST LINE SEWING SERVICES, INC.

Principal Place of Business

1200 SW 52ND AVE #1106
 NORTH LAUDERDALE FL 33068

Mailing Address

1200 SW 52ND AVE #1106
 NORTH LAUDERDALE FL 33068

549442



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

3704 RIVERSIDE DR

Suite, Apt. #, etc.

3. Mailing Address

3704 RIVERSIDE DR

Suite, Apt. #, etc.

City & State

CORAL SPRINGS

City & State

CORAL SPRINGS

4. FEI Number

65-1006809

Applied For

Not Applicable

Zip

33065

Country

U.S.A.

Zip

33065

Country

U.S.A.

5. Certificate of Status Desired ☐

\$8.75 Additional
 Fee Required

6. Name and Address of Current Registered Agent

SANTOS, ANGELA
4699 N. FEDERAL HWY. #109
POMPANO BEACH FL 33064

7. Name and Address of New Registered Agent

Name **RITA DE CASSIA DA COSTA LINHARES**

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

3704 RIVERSIDE DR

City

CORAL SPRINGS

FL

Zip Code

33065

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)

DATE

05/01/01

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

TITLE **DPT** ☐ Delete
 NAME **DA COSTA LINHARES, RITA DE CASSIA**
 STREET ADDRESS **1200 SW 52ND AVE #1106**
 CITY-ST-ZIP **NORTH LAUDERDALE FL 33068**

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

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 CITY-ST-ZIP

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE **DPT** ☒ Change ☐ Addition
 NAME **DA COSTA LINHARES, RITA DE CASSIA**
 STREET ADDRESS **3704 RIVERSIDE DR**
 CITY-ST-ZIP **CORAL SPRINGS, FL 33065**

TITLE ☐ Change ☐ Addition
 NAME
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 CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
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 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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

03/12/01

(951) 977-4893

Date

Daytime Phone #

CR2E034 (10/00)