

# 2002 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Apr 24, 2002 8:00 am**  
**Secretary of State**

04-24-2002 90350 047 \*\*\*150.00

0319324 AV

**DOCUMENT # P01000015391**

1. Entity Name

**A PLUS LINEN SERVICE, INCORPORATED**

Principal Place of Business

**3903 SW 16TH STREET  
FT. LAUDERDALE FL 33319**

Mailing Address

**3903 SW 16TH STREET  
FT. LAUDERDALE FL 33319**

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

**65-1075883**

Applied For

Not Applicable

5. Certificate of Status Desired

☐

**\$8.75** Additional  
Fee Required

6. Name and Address of Current Registered Agent

**RODRIGUEZ, NINFA  
3903 SW 16TH STREET  
FT. LAUDERDALE FL 33319**

7. Name and Address of New Registered Agent

Name

**NINFA EISKOWITZ**

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

City

**FL**

Zip Code

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

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	<b>D</b>	<input type="checkbox"/> Delete
NAME	<b>RODRIGUEZ, NINFA</b>	
STREET ADDRESS	<b>3903 SW 16TH STREET</b>	
CITY-ST-ZIP	<b>FT. LAUDERDALE FL 33319</b>	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE		<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>EISKOWITZ, NINFA</b>	
STREET ADDRESS	<b>SEE ENCLOSED MARRIAGE LICENSE</b>	
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> 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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

**3-26-02 954-316-7879**

CR2E034 (9/01)

Attachment

837454

PO10000015391

# Marriage Certificate

No. D 282488

Clark County, Nevada

This is to Certify that the undersigned did on the 24<sup>th</sup> day of February, 2051

WEDDING BELLS CHAPEL / LAS VEGAS, NV

at, \_\_\_\_\_ Nevada, join in lawful wedlock

Address or Church

City

LESLIE EISKOWITZ

of

DAVIE, FLORIDA

State -

and

NINFA RODRIGUEZ

of

DAVIE, FLORIDA

State

with their mutual consent, in the presence of

Rev. Juan M. Gutierrez

Donna Diamant

Type or Print Name of Witness

Type or Print Official's Name & Title  
Echoes of Faith

Type or Print Church or Affiliation  
1405 E. Wilson

Type or Print Address of Official  
Las Vegas, NV 89101

Type or Print City, State, Zip

Signature of Official

SHIRLEY B. PARRAGUIRRE, COUNTY CLERK