

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
May 29, 2002 8:00 am
Secretary of State

04-22-2002 90103 001 ***150.00

DOCUMENT # P01000068414

1. Entity Name

LINA OF RUSFIN INC.

Principal Place of Business

229 COLLEGE AVENUE WEST
 RUSKIN FL 33570

Mailing Address

229 COLLEGE AVENUE WEST
 RUSKIN FL 33570



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

13763 HWY 672

3. Mailing Address

Suite, Apt. #, etc.

City & State

BALM, FL

City & State

Zip

Country

Zip

Country

4. FEI Number

59-3728961

Applied For

Not Applicable

5. Certificate of Status Desired

\$8.75 Additional
 Fee Required

6. Name and Address of Current Registered Agent

KALOUCHE, LINA

229 COLLEGE AVENUE WEST

RUSKIN FL 33570

7. Name and Address of New Registered Agent

Name

MARK KALOUCHE

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

229 COLLEGE AVENUE WEST

City

RUSKIN

FL

Zip Code

33570

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 MARK KALOUCHE

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

(NOTE: Registered Agent signature required when reinstating)

DATE

14-4-02

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 D
 NAME KALOUCHE, LINA
 STREET ADDRESS 229 COLLEGE AVENUE WEST
 CITY-ST-ZIP RUSKIN FL 33570

TITLE
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12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE D.P.T.S.
 NAME MARK KALOUCHE
 STREET ADDRESS 229 COLLEGE AVE WEST
 CITY-ST-ZIP RUSKIN, FL 33570

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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:

MARK KALOUCHE

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

14-4-02 813

633-622

CR2E034 (9/01)