

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
May 23, 2002 8:00 am
Secretary of State

05-23-2002 90003 030 ***150.00

DOCUMENT # P01000087342

1. Entity Name
LINDER MERCHANDISE & COMMUNICATION SERVICES CORP

Principal Place of Business

**910 NW 34TH WAY
 FT LAUDERDALE FL 33311**

Mailing Address

**910 NW 34TH WAY
 FT LAUDERDALE FL 33311**



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

5421 NW 18th Place
 Suite, Apt. #, etc.

3. Mailing Address

5421 NW 18th Place
 Suite, Apt. #, etc.

City & State

Lauderhill Florida

City & State

Lauderhill Florida

4. FEI Number

651076546

Applied For

Not Applicable

Zip

Country

33313 Broward

Zip

Country

33313 Broward

5. Certificate of Status Desired

☐ **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent

**LINDER, ANN
 910 NW 34TH WAY
 FT LAUDERDALE FL 33311**

7. Name and Address of New Registered Agent

Name **Johnny Linder**
 Street Address (P.O. Box Number is Not Acceptable)
5421 NW 18th Place
 City **Lauderhill** FL Zip Code **33313**

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	D	<input type="checkbox"/> Delete
NAME	LINDER, JOHNNY	
STREET ADDRESS	910 NW 34TH WAY	
CITY-ST-ZIP	FT LAUDERDALE FL 33311	
TITLE	D	<input type="checkbox"/> Delete
NAME	LINDER, ANN	
STREET ADDRESS	910 NW 34TH WAY	
CITY-ST-ZIP	FT LAUDERDALE FL 33311	
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 type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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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: **Johnny Linder** **4/30/02** **954 605 4817**
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (9/01)