

# 2000 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Apr 17, 2000 8:00 am**  
**Secretary of State**

04-17-2000 90008 042 \*\*\*150.00

**DOCUMENT # P32789**

1. Entity Name  
**LORRAINE LINENS, INC.**

Principal Place of Business      Mailing Address  
 700 S. MILITARY TRAIL      700 S. MILITARY TRAIL  
 BEACH FL 33442      DEERFIELD BEACH FL 33442-3025



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business		3. Mailing Address		4. FEI Number <b>11-2223452</b>	Applied For
Suite, Apt. #, etc.		Suite, Apt. #, etc.			Not Applicable
City & State		City & State		5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75</b> Additional Fee Required	
Zip	Country	Zip	Country		

6. Name and Address of Current Registered Agent		7. Name and Address of New Registered Agent	
<b>BUCHWALTER, BERNARD</b> 700 S. MILITARY TRAIL DEERFIELD BEACH FL 33442		Name	
		Street Address (P.O. Box Number is Not Acceptable)	
		City	
		<b>FL</b>	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 \_\_\_\_\_ DATE \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. (See criteria on back) <input type="checkbox"/>	<b>FILE NOW!!! FEE IS \$150.00</b> <b>After MAY 1, 2000 Fee will be \$550.00</b> <b>Make Check Payable to Department of State</b>	10. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00</b> May Be Added to Fees
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11. OFFICERS AND DIRECTORS		12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE	CCD BUCHWALTER, BERNARD 673 OSPREY POINT CIRCLE BOCA RATON FL	TITLE	
STREET ADDRESS		NAME	
CITY-ST-ZIP		STREET ADDRESS	
	<input type="checkbox"/> Delete	CITY-ST-ZIP	
TITLE	P BUCHWALTER, MITCHELL 2835 NW 45TH ST BOCA RATON FL	TITLE	
STREET ADDRESS		NAME	
ST-ZIP		STREET ADDRESS	
	<input type="checkbox"/> Delete	CITY-ST-ZIP	
TITLE	DTS BUCHWALTER, LORRAINE 673 OSPREY POINT CIRCLE BOCA RATON FL	TITLE	
STREET ADDRESS		NAME	
ST-ZIP		STREET ADDRESS	5410 NW 127th Terrace
	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	CITY-ST-ZIP	Coral Springs, FL 33076
TITLE	CFO JOSEPHY, KENNETH 11030 N.W. 5TH COURT CORAL SPRINGS FL 33071	TITLE	
STREET ADDRESS		NAME	
ST-ZIP		STREET ADDRESS	
	<input type="checkbox"/> Delete	CITY-ST-ZIP	
TITLE		TITLE	
STREET ADDRESS		NAME	
ST-ZIP		STREET ADDRESS	
	<input type="checkbox"/> Delete	CITY-ST-ZIP	
TITLE		TITLE	
STREET ADDRESS		NAME	
ST-ZIP		STREET ADDRESS	
	<input type="checkbox"/> Delete	CITY-ST-ZIP	

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: *Kenneth Josephy*      Date: *4/11/00*      Daytime Phone #: *(954) 425-0800*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E034 (9/99)