2002 UNIFORM BUSINESS REPORT (UBR)

FILED May 08, 2002 8:00 am Secretary of State DOCUMENT # P32789 1. Entity Name LORRAINE LINENS, INC. 05-08-2002 90121 044 ***150.00 Principal Place of Business Mailing Address 700 S. MILITARY TRAIL 700 S. MILITARY TRAIL **DEERFIELD BEACH FL 33442** DEERFIELD BEACH FL 33442 2. Principal Place of Business 3. Mailing Address 700 West Hillsboro 700 West Hillsboro Blud DO NOT WRITE IN THIS SPACE Bldq4, Suite 4. FEI Number Applied For 11-2223452 Not Applicable \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent --Name **BUCHWALTER, BERNARD** Street Address (P.O. Box Number is Not Acceptable) 700 S. MILITARY TRAIL **DEERFIELD BEACH FL 33442** City 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 FILE NOW!!! FEE IS \$150.00 10. Election Campaign Financing \$5.00 May Be Tax filing_requirement and elects to do so. After May 1, 2002 Fee will be \$550.00 Trust Fund Contribution. Added to Fees (See critéria on back) Make Check Payable to Department of State 11. OFFICERS AND DIRECTORS 12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 TITLE ☐ Delete TITLE CR2E034 (9/01) Change ☐ Addition NAME **BUCHWALTER, BERNARD** NAME STREET ADDRESS 673 OSPREY POINT CIRCLE STREET ADDRESS CITY-ST-ZIP **BOCA RATON FL** CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Addition NAME BUCHWALTER, MITCHELL NAME STREET ADDRESS 7316 NW 127TH WAY STREET ADDRESS CITY-ST-ZIP POMPANO BEACH FL 33076 CITY-ST-7iP TITLE ☐ Delete DTS TITLE 673 Osprey Point Circle ☐ Addition NAME **BUCHWALTER, LORRAINE** NAME STREET ADDRESS 5710 NW 127TH TERR STREET ADDRESS CITY-ST-ZIP **CORAL SPRINGS FL 33076** CITY-ST-ZIP CF₀ ☐ Delete TITLE ☐ Change ☐ Addition NAME Josephy, Kenneth NAME STREET ADDRESS 11030 N.W. 5TH COURT STREET ADDRESS CITY-ST-ZIE CORAL SPRINGS FL 33071 CITY-ST-ZIP TITLE Delete TITLE Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE Change ☐ Addition

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.

CITY-ST-ZIP

NAME

STREET ADDRESS

SIGNATURE:

NAME

STREET ADDRESS

CITY-ST-ZIP