2002 UNIFORM BUSINESS REPORT (UBR) DOCUMENT# P96000023262

1. Entity Name

LINEN USA CORPORATION

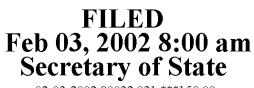
Principal Place of Business

Mailing Address

-2108 N.W. 20TH-GTREET -MIAMI FL 33142 ·

-2106 N.W. 20TH STREET-

-MIAMI-FL 99142 --



02-03-2002 90032 031 ***150.00



2. Principal F	Place of Business I NW 20 ST	3. Mailing Address) 198 Te	PRR	· : ***********************************	5500 56 00 00		
Suite, Apt.		Suite, Apt. #, etc.	. , , , , ,		DO NOT WRITE	IN THIS SE	'ACE	
City & Stat		City & State	FL	4. F	FEI Number 65-0653634		A	oplied For
Mar		Mami						ot Applicable
331	42 MIAMI- DODE	33015	Country	5. (Certificate of Status Desired		8.75 Add se Require	
	6. Name and Address of Current F	Registered Agent -		- 7. N	Name and Address of New Rec	gistered Aç	ent	
T00050	1005.0		Name					
TORRES,		Street Address (P.O. Box Number is Not Acceptable)						
	198TH TERR							
MIAMI FL	. 33015							
•			City			FL	Zip Cod	le e
8. The above	named entity submits this statement for	the purpose of changing its re	gistered office or r	egistered ag	ent, or both, in the State of Florid	da.	***	
								1745 (***)
SIGNATURE .					<u> </u>	<i>f</i> :	<u> </u>	is hel
* 1 * 4 * 2 * 2 * 2 * 2 * 2 * 2 * 2 * 2 * 2	Signature, typed or printed name of registered agent ar	nd title if applicable. (NOTE: F	Registered Agent signature	required when re	ainstating)	· : ·DATE, · · ·	به مان بنداد	eni. Noi kai
9. This corpo	pration is eligible to satisfy its Intangible		FEE IS \$150.00		10. Election Campaign Finan	ncina	¢E C	
-	requirement and elects to do so.	After May 1, 2002			Trust Fund Contribution.			May Be to Fees
·	ria on back)	Make Check Payable						
11.	OFFICERS AND D		12.	AD	DITIONS/CHANGES TO OFFIC			
TITLE NAME	TORO, JUAN C DR.	Delete	TITLE NAME			l	Change	☐ Addition
STREET ADDRESS	-6311-S.W. 80TH-ST		STREET ADDRESS	227	O SW 58_	S 7.		
CITY-ST-ZIP	MIAMI FL 33143		CITY-ST-ZIP	MIA		314	3	
TITLE	D	□ Delete	TITLE	-	• • • • • • • • • • • • • • • • • • • •		Change	Addition
NAME	TORO, SANDRA DR.		NAME				_	_
STREET ADDRESS	_6311_ S.W. 80TH_ST. →		STREET ADDRESS	BZZ	୦ ୫୴ ୬ଞ୍ଚ	5/	-	
CITY-ST-ZIP	_MIAMI FL 33143		CITY-ST-ZIP	MIR	mI FL =	314	<u>ろ</u>	
TITLE		☐ Delete	TITLE			[Change	Addition
NAME STREET ADDRESS			NAME					
CITY-ST-ZIP			STREET ADDRESS CITY-ST-ZIP					
TITLE		☐ Delete	TITLE			ſ	Change	Addition
NAME		C Delete	NAME			1	Change	☐ Audition
STREET ADDRESS			STREET ADDRESS					
CITY-ST-ZIP			CITY-ST-ZIP					
TITLE		☐ Delete	TITLE			(Change	☐ Addition
NAME			NAME					
STREET ADDRESS CITY-ST-ZIP			STREET ADDRESS					
		П	CITY-ST-ZIP		·-		7.05.	
TITLE NAMÉ		☐ Delete	TITLE NAME			Ĺ	Change	☐ Addition
STREET ADDRESS		!	STREET ADDRESS					
CITY-ST-ZIP			CITY-ST-ZIP					
13. Thereby of	certify that the information supplied with t	his filing does not qualify for th	ne exemption stated	d in Section 1	119.07(3)(i), Florida Statutes. I fu	rther certify	that the ir	nformation

tructated 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 of 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: