

2000 UNIFORM BUSINESS REPORT (UBR)

FILED
May 24, 2000 8:00 am
Secretary of State

05-24-2000 90146 029 ***150.00

DOCUMENT # P99000004069
1. Entity Name

MIAMI LINEN DEPOT

Principal Place of Business 2426 NW 20TH ST
 MIAMI FL 33142
Mailing Address 8502 NW 198TH TERR
 MIAMI, FL 33015

2. Principal Place of Business
 Suite, Apt. #, etc.
3. Mailing Address
 8502 NW 198TH TERR
 Suite, Apt. #, etc.

City & State MIAMI, FL
Zip 33015
Country MIAMI-DADE

4. FEI Number 65-0889997
Applied For
☐ Not Applicable

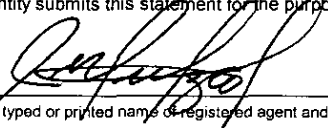
5. Certificate of Status Desired ☐ **\$8.75 Additional Fee Required**

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent
 JOSE G TORRES
 8502 NW 198TH TERR
 MIAMI, FL 33015

7. Name and Address of New Registered Agent
Name JOSE G TORRES
Street Address (P.O. Box Number is Not Acceptable) 8502 NW 198TH TERR
City MIAMI **FL** **Zip Code** 33015

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  **JOSE G TORRES** **05/01/00**
 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, 2000 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	PD	<input type="checkbox"/> Delete
NAME	LIONEL PERSAUD	
STREET ADDRESS	10104 SW 2ND TERR	
CITY - ST - ZIP	MIAMI, FL 33174	
TITLE	VPD	<input type="checkbox"/> Delete
NAME	MAGALY PERSAUD	
STREET ADDRESS	10104 SW 2ND TERR	
CITY - ST - ZIP	MIAMI, FL 33174	
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
NAME		
STREET ADDRESS		
CITY - ST - ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY - ST - ZIP		
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:  **MAGALY PERSAUD** **05/01/00 305-635-1393**
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #