

2000 UNIFORM BUSINESS REPORT (UBR)

4/

FILED
May 17, 2000 8:00 am
Secretary of State

04-20-2000 90088 013 ***150.00

DOCUMENT # P99000034524

1. Entity Name

INTERNATIONAL HOUSE OF LINENS, INC.

Principal Place of Business

1 SE 3RD AVE, SUITE #2150
 FL

Mailing Address

1 SE 3RD AVE, SUITE #2150
 MIAMI FL 33131-1716

2. Principal Place of Business

1635 N. 66th Avenue
 Suite, Apt. #, etc.

3. Mailing Address

1635 N. 66th Avenue
 Suite, Apt. #, etc.

City & State

Hollywood, Fl

City & State

Hollywood, Florida

4. FEI Number

Applied For

Not Applicable

Zip

33024

Country

USA

Zip

33024

Country

USA

5. Certificate of Status Desired

\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

SALEEBY, NADIM
 1 SE 3RD AVE, SUITE #2150
 MIAMI FL

7. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable)
 1635 N. 66th Avenue

City

Hollywood

FL

Zip Code
 33024

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, 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	D	<input type="checkbox"/> Delete
NAME	IBRAHIM, M Y	
STREET ADDRESS	1 SE 3RD AVE, SUITE #2150	
CITY-ST-ZIP	MIAMI FL 33131	
TITLE	D	<input type="checkbox"/> Delete
NAME	YOUSEF, MOHAMMAD	
STREET ADDRESS	1 SE 3RD AVE, SUITE #2150	
CITY-ST-ZIP	MIAMI FL	
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 checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	IBRAHIM, MY	
STREET ADDRESS	1635 N. 66th Avenue	
CITY-ST-ZIP	Hollywood, Florida 33024	
TITLE		<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	YOUSEF, MOHAMMAD	
STREET ADDRESS	1635 N. 66th Avenue	
CITY-ST-ZIP	Hollywood, Florida 33024	
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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (9/99)