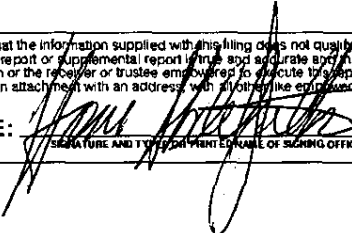


FILED
May 07, 2003 8:00 am
Secretary of State

05-07-2003 90181 011 ***150.00

**2003 FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

DOCUMENT # P99000086526					
1. Entity Name LINEN DISCOUNT, INC.					
Principal Place of Business 16491 N.W. 49TH AVENUE MIAMI, FL 33014			Mailing Address 16491 N.W. 49TH AVENUE MIAMI, FL 33014		
2. Principal Place of Business			3. Mailing Address		
Suite, Apt. #, etc.			Suite, Apt. #, etc.		
City & State			City & State		
Zip		Country	Zip		Country
4. FEI Number 65-0958632			Applied For ☐ Not Applicable		
5. Certificate of Status Desired ☐			\$8.75 Additional Fee Required		
☐ CHECK HERE IF MAKING CHANGES					
6. Name and Address of Current Registered Agent			7. Name and Address of New Registered Agent		
ABDELJABBAR, HANI A 16401 N.W. 49TH AVENUE MIAMI, FL 33014			Name Street Address (P.O. Box Number is Not Acceptable) City FL 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. I am familiar with, and accept the obligations of registered agent.					
SIGNATURE _____ Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when submitting) DATE _____					
FILE NOW! Fees are \$150.00 After May 1, 2003 fees will be \$160.00 Make Check Payable to Florida Department of State					
9. Election Campaign Financing Trust Fund Contribution. ☐			\$5.00 May Be Added to Fees		
10. OFFICERS AND DIRECTORS					
TITLE	PTD	☐ Delete			
NAME	ABDELJABBAR, HANI A				
STREET ADDRESS	16401 N.W. 49TH AVENUE				
CITY-ST-ZIP	MIAMI, FL 33014				
TITLE		☐ Delete			
NAME					
STREET ADDRESS					
CITY-ST-ZIP					
TITLE		☐ Delete			
NAME					
STREET ADDRESS					
CITY-ST-ZIP					
TITLE		☐ Delete			
NAME					
STREET ADDRESS					
CITY-ST-ZIP					
TITLE		☐ Delete			
NAME					
STREET ADDRESS					
CITY-ST-ZIP					
11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11					
TITLE		☐ Change ☐ Addition			
NAME					
STREET ADDRESS					
CITY-ST-ZIP					
TITLE		☐ Change ☐ Addition			
NAME					
STREET ADDRESS					
CITY-ST-ZIP					
TITLE		☐ Change ☐ Addition			
NAME					
STREET ADDRESS					
CITY-ST-ZIP					
12. 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 10 or Block 11 if changed, or on an attachment with an address with any other like enterprises.					
SIGNATURE:  4/30/03					
SIGNATURE AND TYPE OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR _____ Date _____ Daytime Phone # _____					

CR2E034 (10/02)