

2001 UNIFORM BUSINESS REPORT (UBR)**DOCUMENT # P99000087687**

1. Entity Name

TOWELS & LINEN, INC.**FILED****Jan 18, 2001 8:00 am
Secretary of State**

01-18-2001 90002 027 ***150.00

0212324

Principal Place of Business
**1270 NW 165TH STREET
MIAMI FL 33169
US**

Mailing Address
**1270 NW 165TH STREET
MIAMI FL 33169
US**

602874

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business
1270 NW 165th ST
Suite, Apt. #, etc.

3. Mailing Address
1270 N.W. 165th ST.
Suite, Apt. #, etc.

City & State
Miami FL.

City & State
Miami FL.

Zip
33169

Country
U.S.A.

Zip
33169

Country
U.S.A.

4. FEI Number **65-0952497**

Applied For
☐ Not Applicable

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

6. Name and Address of Current Registered Agent
**BAR, LUBA
965 NW 199TH AVENUE
PEMBROKE PINES FL 33029**

7. Name and Address of New Registered Agent

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.

SIGNATURE _____ DATE _____

Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

9. This corporation is eligible to satisfy its intangible tax filing requirement and elects to do so. ☐ **FILE NOW!!! FEE IS \$150.00**
After MAY 1, 2001 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		12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D BAR, LUBA 965 NW 199TH AVENUE PEMBROKE PINES FL 33029 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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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: **Luba Bar**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1-03-01 305-627-9700
Date Daytime Phone #

CR2E034 (10/00)