

2000 UNIFORM BUSINESS REPORT (UBR)

FILED
Mar 07, 2000 8:00 am
Secretary of State

03-07-2000 90001 016 ***158.75

DOCUMENT # P93000031919

1. Entity Name

EMBROIDERIES INTERNATIONAL, INC.

912135

Principal Place of Business

Mailing Address

S.W. 133 COURT
 FL 33186

P.O. BOX 160676
 MIAMI FL 33116-0676



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

13083 S.W. 133 Ct.
 Suite, Apt. #, etc.

3. Mailing Address

P.O. Box 160676
 Suite, Apt. #, etc.

City & State

Miami FL

City & State

Miami FL

4. FEI Number

65-0434158

Applied For

Not Applicable

5. Certificate of Status Desired



\$8.75 Additional
 Fee Required

Zip
 33186

Country
 USA

Zip
 33116-0676

Country
 USA

6. Name and Address of Current Registered Agent

BARRIOS, MARIA L
 13083 S.W. 133 COURT
 MIAMI FL 33186

7. Name and Address of New Registered Agent

Name
Barrios, Maria L
 Street Address (P.O. Box Number is Not Acceptable)
13083 SW 133rd court
 City
Miami FL Zip Code
33186

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	P	<input type="checkbox"/> Delete
NAME	BARRIOS, MARIA L	
STREET ADDRESS	13083 S.W. 133 COURT	
CITY-ST-ZIP	MIAMI FL 33186	
TITLE	D	<input type="checkbox"/> Delete
NAME	BARRIOS, ARMANDO	
STREET ADDRESS	13083 S.W. 133 COURT	
CITY-ST-ZIP	MIAMI FL 33186	
TITLE	V	<input type="checkbox"/> Delete
NAME	BARRIOS, ARMANDO	
STREET ADDRESS	13083 S.W. 133 ST. ← COURT.	
CITY-ST-ZIP	MIAMI FL 33186	
TITLE	T	<input type="checkbox"/> Delete
NAME	GONZALEZ, LUIS M	
STREET ADDRESS	13083 S.W. 133 CT.	
CITY-ST-ZIP	MIAMI FL 33186	
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	P	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Barrios, Maria L	
STREET ADDRESS	13083 SW 133 court	
CITY-ST-ZIP	Miami FL 33186	
TITLE	D	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Barrios, Armando	
STREET ADDRESS	13083 SW 133 court	
CITY-ST-ZIP	MIAMI FL 33186	
TITLE	V	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Barrios, Armando	
STREET ADDRESS	13083 SW 133 ct	
CITY-ST-ZIP	MIAMI FL 33186	
TITLE	T	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Gonzalez, Luis M	
STREET ADDRESS	13083 SW 133 court	
CITY-ST-ZIP	Miami FL 33186	
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 another like empowered.

SIGNATURE:

Maria L Barrios 01-04-00

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

(305) 256-4022

CR2E034 (9/99)