

**2002 UNIFORM BUSINESS REPORT (UBR)**

**FILED**  
**Jan 14, 2002 8:00 am**  
**Secretary of State**

01-14-2002 90016 015 \*\*\*150.00

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**DOCUMENT # V63267**

1. Entity Name  
**RONALD CARROLL FABRICS, INC.**

Principal Place of Business <b>1190 STERLING RD          SUITE B-1          DANIA FL 33004          US</b>	Mailing Address <b>1190 STERLING RD.          SPACE B-1          DANIA FL 33004          US</b>
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2. Principal Place of Business Suite, Apt. #, etc.	3. Mailing Address Suite, Apt. #, etc.
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DO NOT WRITE IN THIS SPACE

City & State	City & State	4. FEI Number <b>65-0355149</b>	Applied For <input type="checkbox"/> Not Applicable
Zip	Country	Zip	Country

6. Name and Address of Current Registered Agent  
**BECKER, JACQUELINE  
 3520 N. 53 AVENUE  
 SPACE B-1  
 HOLLYWOOD FL 33021**

7. Name and Address of New Registered Agent  
 Name **RONALD BECKER**  
 Street Address (P.O. Box Number is Not Acceptable)  
**1190 STERLING RD**  
 City **DANIA BEACH FL** Zip Code **33004**

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 **RONALD BECKER** *Ronald Becker* DATE **1/5/02**  
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when persisting)

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, 2002 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	<b>PST BECKER, JACQUELINE 3520 N. 53RD AVE. HOLLYWOOD FL</b> <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>PRESIDENT RONALD BECKER 1190 STERLING RD. DANIA BEACH, FL 33004</b> <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<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: **RONALD BECKER** *Ronald Becker* DATE **1/5/02** DAYTIME PHONE # **954 985 0043**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (9/01)