

2000 UNIFORM BUSINESS REPORT (UBR)

FILED
Mar 14, 2000 8:00 am
Secretary of State

03-14-2000 90031 022 ***150.00

DOCUMENT # 434808

1. Entity Name
PFAFF SEWING CENTER, INC

Principal Place of Business 61 W. PROSPECT ROAD FT. LAUDERDALE FL 33309	Mailing Address 61 W. PROSPECT ROAD FT. LAUDERDALE FL 33309-3921
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2. Principal Place of Business Suite, Apt. #, etc.	3. Mailing Address Suite, Apt. #, etc.
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City & State	City & State	4. FEI Number 59-1483498	Applied For <input type="checkbox"/> Not Applicable
Zip	Country	Zip	Country



DO NOT WRITE IN THIS SPACE

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

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

BURKLE, JACK D.
61 W. PROSPECT RD.
FT. LAUDERDALE FL 33309

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 _____ (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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	Change	Addition
PD	BURKLE, JACK D	6100 COLONIAL DR	MARGATE FL 33063	<input checked="" type="checkbox"/>	<input type="checkbox"/>
D	CINDY D. MEAD	2335 KORN ST	NILES MI	<input type="checkbox"/>	<input type="checkbox"/>
ST	BURKLE, NORMA	6100 COLONIAL DR	MARGATE FL 33063	<input type="checkbox"/>	<input type="checkbox"/>
D	BURKLE, JACK D JR	2009 N.W. 3 AVENUE	FT LAUDERDALE FL	<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
ST	BURKLE NORMA	4112 HWY 127 S	CROSSVILLE TN 38555	<input checked="" type="checkbox"/>	<input type="checkbox"/>
PRESIDENT	BURKLE, JACK D JR	2009 NW 3 AVENUE	FT LAUDERDALE FL	<input checked="" type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>

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: Jack D Burkle, Sr Date: 3/9/2000 Daytime Phone #: (954) 772-2111

CR2E034 (9/99)