## 2001 UNIFORM BUSINESS REPORT (UBR)

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SIGNING OFFICER OR DIRECTOR

Daytime Phone #

## May 15, 2001 8:00 am Secretary of State **DOCUMENT # 660222** 1. Entity Name 05-15-2001 90041 024 \*\*\*150.00 BLOSSOM SEWING CENTER, INC. Principal Place of Business Mailing Address 813 VIRGINIA DR 813 VIRGINIA DR ORLANDO FL 32803 ORLANDO FL 32803 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE Applied For City & State City & State 4. FEI Number 59-2031812 Not Applicable Zip Country Zip Country \$8.75 Additional 5. Certificate of Status Desired П Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent Name MORENO, JOSE A Street Address (P.O. Box Number is Not Acceptable) 813 VIRGINIA DR ORLANDO FL 32803 Zip Code City 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. (NOTE: Registered Agent signature required when reinstating) Signature, typed or printed name of registered agent and title if applicable. FILE NOW!!! FEE IS \$150.00. 9. This corporation is eligible to satisfy its Intangible -10. Election Campaign Financing \$5.00 May Be Tax filing requirement and elects to do so. After MAY 1, 2001 Fee will be \$550.00 Trust Fund Contribution. Added to Fees (See criteria on back) Make Check Payable to Department of State ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 OFFICERS AND DIRECTORS 11. ☐ Addition PD TITLE ☐ Change TITLE ☐ Delete MORENO, JOSE A. NAME NAME STREET ADDRESS STREET ADDRESS 10706 GARDENWOOD RD CITY-ST-ZIP CITY-ST-ZIP ORLANDO. FL. ☐ Addition ☐ Change ☐ Delete TITLE TITLE MORENO, MARIA D. NAME NAME STREET ADDRESS 10706 GARDENWOOD RD STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ORLANDO FL Change Addition ☐ Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Change ☐ Addition ☐ Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete ☐ Change ☐ Addition TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change ☐ Addition ☐ Delete TITI F TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-7IP 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