

2000 UNIFORM BUSINESS REPORT (UBR)

FILED
Mar 15, 2000 8:00 am
Secretary of State

03-15-2000 90047 026 ***150.00

DOCUMENT # F64360

1. Entity Name
PITTSBURGH YARN COMPANY

Principal Place of Business
**19206 W DIXIE HWY
 NORTH MIAMI BEACH FL 33180**

Mailing Address
**19190 W. DIXIE HIGHWAY
 N. MIAMI BEACH FL 33180-2640**



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business
19190 W. DIXIE HWY

3. Mailing Address

Suite, Apt. #, etc.
NO. MIAMI BEACH

Suite, Apt. #, etc.

City & State
FLORIDA 33180

City & State

4. FEI Number **52-1272639**

Applied For
 Not Applicable

Zip *DADE*

Country

Zip

Country

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

**AKSELRAD, SIDNEY
 17325 N.E. 10TH COURT
 N. MIAMI BEACH FL 33162**

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. (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	P	<input type="checkbox"/> Delete
NAME	AKSELRAD, STANLEY	
STREET ADDRESS	17325 NE 10 CT.	
CITY-ST-ZIP	NO. MIAMI BEACH FL 33162	
TITLE	ST	<input type="checkbox"/> Delete
NAME	AKSELRAD, ALICE	
STREET ADDRESS	17325 NE 10 CT.	
CITY-ST-ZIP	NO. MIAMI BEACH FL 33162	
TITLE		<input type="checkbox"/> Delete
NAME		
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TITLE		<input type="checkbox"/> Delete
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CITY-ST-ZIP		

TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
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CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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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 all other like empowered.

SIGNATURE: *Stanley Akselrad*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date *3/6/2000* Daytime Phone # *505-466-8511*

CR2E034 (9/99)