2000 UNIFORM BUSINESS REPORT (UBR)

FILED Jun 12, 2000 8:00 am Secretary of State DOCUMENT # F9800000362 PILE-TUFT FABRICS, INC. 06-12-2000 90032 002 ***550.00 Principal Place of Business Mailing Address 141 COMMODORE DRIVE 141 COMMODORE DRIVE JUPITER FL 33477-4005 JUPITER FL 33477 2. Principal Place of Business 3. Mailing Address DO NOT WRITE IN THIS SPACE Suite, Apt. #, etc. Suite, Apt. #, etc. Applied For 4. FEI Number City & State City & State 13-5649776 Not Applicable Zip Country Zip Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent Name NEMSHIN, SANFORD Street Address (P.O. Box Number is Not Acceptable) 141 COMMODORE DR. JUPITER FL 33477 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. SIGNATURE Signature, typed or printed name of registered agent and title if applicable. (NOTE, Registered Agent signature required when reinstating) 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, 2000 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. Change ☐ Addition PTDC ☐ Delete TITLE TITLE NEMSHIN, SANFORD NAME STREET ADDRESS STREET ADDRESS 141 COMMODORE DR. CITY-ST-ZIP CITY-ST-ZIP Jupiter FL 33477 Addition VSD ☐ Delete Change TITI F **NEMSHIN, CAROL** NAME NAME STREET ADDRESS STREET ADDRESS 141 COMMODORE DR. CITY-ST-ZIP CITY-ST-ZIP JUPITER FL 33477 Change Addition _ :Delete TITLE TITLE NÉMSHIN, SANFORD NAME NAME STREET ADDRESS STREET ADDRESS 141 COMMODORE DR. CITY-ST-7/2 CITY-ST-7/P Jupiter FL 33477 Addition Change TITLE ☐ Delete TITLE **NEMSHIN, HOWARD** NAME NAME STREET ADDRESS STREET ADDRESS 11 DARVY DR. CITY-ST-ZIP CITY-ST-ZIP **SOUTH HUNTINGTON NJ 11746** ☐ Change Addition ☐ Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Addition ☐ Delete TITLE Change TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP 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 supplied ental 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 of 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.

Daytime Phone # NATURE AND TYPED UNAFRINTED NAME OF SIGNING OFFICER OR DIRECTOR

SIGNATURE: