2000 UNIFORM BUSINESS REPORT (UBR)

FILED **DOCUMENT # G40677** Jan 27, 2000 8:00 am Secretary of State FABRIC SHOPPE, INC. 01-27-2000 90008 050 ***150.00 Principal Place of Business Mailing Address 1941 N FEDERAL HWY 1941 N FEDERAL HWY **BOCA RATON FL 33432** BOCA RATON FL 33432-1934 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE City & State City & State Applied For 4. FEI Number 59-2398323 Not Applicable Zip Country Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name_ HERTZ, LIDDY Street Address (P.O. Box Number is Not Acceptable) 1941 N FEDERAL HWY **BOCA RATON FL 33432** 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) Signature, typed or printed name of registered agent and title if applicable. DATE FILE NOW!!! FEE IS \$150.00 9. This corporation is eligible to satisfy its Intangible 10. Election Campaign Financing \$5.00 May Be After MAY 1, 2000 Fee will be \$550.00 Tax filing requirement and elects to do so. 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 11. OFFICERS AND DIRECTORS 12. ☐ Addition ☐ Change ☐ Delete TITLE LAFAUCI, JOSEPH NAME NAME STREET ADDRESS STREET ADDRESS 1941 N FEDERAL HWY CITY-ST-ZIP CITY-ST-ZIP **BOCA RATON FL 33432** Addition ☐ Delete Change NAME HERTZ. ERIC LEE STREET ADDRESS 1941 N FEDERAL HWY STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP **BOCA RATON FL** Change , 🗷 Addition PRUSIDENT Delete ... TITLE TITLE HERTE, LIDDY 1941 N FIDERN HAY NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Addition ☐ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-7IP Change ☐ Addition TITLE Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Addition ☐ Change TITLE ☐ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP

3. I hereby certify that the information supplied with this filling 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:

SIGNATURE AND TYPED OF FINITED NAME OF SIGNING OFFICER OR DIRECTOR

1/21/00

5613688082

Daytime Phone #