2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # G62954

1. Entity Name

SEWING AND KNITTING SUPPLIES, INC.



FILED Apr 14, 2003 8:00 am Secretary of State

04-14-2003 90383 038 ***150.00

					`	OF WE IN					
Principal Place of Business 8245 N.W. 36TH STREET SUITE 8245-4 MIAMI FL 33166		8245 N.V SUITE 8	Mailing Address 8245 N.W. 36TH STREET SUITE 8245-4 MIAMI FL 33166								
2. Principal Place of Business			3. Mailin	3. Mailing Address						6	
Suite, Apt.	#, etc.		Suite,	Apt. #, etc.				CHECK HERE I	F MAKING (CHANGES	
City & State			City &	City & State			4. FEI Number 59-2327567 Applied For Not Applicable				
Zip		Country	Zip		Country		5. Ce	ertificate of Status Desired		8.75 Add ee Require	
	6. Name	and Address of Curre	ent Registered	Agent			7. Na	me and Address of New Re	egistered Aç	jent	
					<u>_N</u>	ame					
FERRER, MARY R. 12265 N.W. 4 TERR.				Street Address			(P.O. Box Number is Not Acceptable)				
- MIAMI FL		Ī									
· mann i C	00101				Ci	ity			FL	Zip Cod	e
	named entity ions of regist		nt for the purpos	se of changing its	registered of	ffice or register	red ager	nt, or both, in the State of Flor	ida. I am fa	miliar with,	and accept
SIGNATURE .		or printed name of registered aç	gent and title il applica	able. (NOTE	E: Registered Ager	nt signature required	d when reins	stating)	DATE		
		L FEE 10 64F0 00								***	
F	ILE NOW!!	! FEE IS \$150.00									
)3 Fee will be \$550.0 Florida Departmen						Election Campaign Final Trust Fund Contribution			May Be I to Fees
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12. 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE

SULATERE REQUIRED
EIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-11-03 (305) 599-2336

Daytime Phone #

RZE034 (10/02)