## **2003 FOR PROFIT CORPORATION** UNIFORM BUSINESS REPORT (UBR)

## **DOCUMENT #** H45763

1. Entity Name

YARN & NEEDLE POINT CENTER OF SOUTH FLORIDA, INC



## **FILED** Jan 13, 2003 8:00 am Secretary of State

01-13-2003 90829 028 \*\*\*158.75

		•				
Principal Place of Business 15200 JOG RD.		Mailing Address			11001060	
DELRAY BCH FL 33446		DELRAY BEACH FL 33446				
US		US	<b>-</b> .		- 188181( 201) 8188) 81811 18818 8188 (111 8281) 81811 81811 81811	<b>B</b> ( <b>A</b> ), ( <b>B</b> )
2. Principa	Place of Business	3. Mailing Address				
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Suite, Ap	ot. #, etc.	Suite, Apt. #, etc.			CHECK HERE IS MAKING COMMA	
City & St	ato				☐ CHECK HERE IF MAKING CHANGES	
ony a ciate		City & State			4. FEI Number 59-2523075 Applie	ed For
Zip	Country	Zip	Countr		Not A	pplicable
L.			Count	У	5. Certificate of Status Desired \$8.75 Additio	naf
	6. Name and Address of Curr	ent Registered Agent	<del></del>	<del> </del>	Fee Required	
				Name	7. Name and Address of New Registered Agent	
SILVERM	an, gerard					
15200 JC	OG RD			Street Address (F	P.O. Box Number is Not Acceptable)	
DELRAY	BEACH FL 33446			<del></del>		
		•				
				City	Zip Code	
8. The above	e named entity submits this statemen	t for the ourness of above			FL Zip Code	
the obliga	ations of registered agent.	ater the purpose of chang	girig its registered	Office or registere	ed agent, or both, in the State of Florida. I am familiar with, and	accept
SIGNATURE	Signature, typed or printed name of registered ag	ent and title if applicable			<del></del>	
		The state of the s	- LACTE: Registered A	gent signature required v	when reinstating) DATE	_
, , , , , , , , , , , , , , , , , , ,	FILE NOW!!! FEE IS \$150.00				0.50	
Make Chec	r May 1, 2003 Fee will be \$550.0 k Payable to Florida Department	of State			9. Election Campaign Financing \$5.00 M Trust Fund Contribution.	lay Be
10.	<del></del>				frust Fund Contribution.	rees
<del></del>	P OFFICERS AN	ID DIRECTORS	11.		ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN	11
TITLE NAME	J.*	☐ Delete	TITLE			Addition
STREET ADDRESS	SILVERMAN, GERARD 15200 JOG RD		NAME			Addition
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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 changed, or on an attachment with an address, with all other like empowered.

NAME

STREET ADDRESS

CITY-ST-ZIP

SIGNATURE:

STREET ADDRESS

CITY-ST-ZIP

561 498 1456