

**2004 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Jan 29, 2004 8:00 am
Secretary of State

01-29-2004 90106 022 ***150.00

DOCUMENT # L31308

1. Entity Name
FIBERLITE UMBRELLAS, INC.



Principal Place of Business
921 N.W. 8TH AVE.
FORT LAUDERDALE, FL 33311

Mailing Address
921 N.W. 8TH AVE.
FORT LAUDERDALE, FL 33311

44005579



01232004 No Chg-P CR2E034 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number
65-0184256

Applied For
Not Applicable

5. Certificate of Status Desired ☐ **\$8.75** Additional
Fee Required

6. Name and Address of Current Registered Agent

SWEET, RAYMOND, JR
1050 CEDAR CREEK WAY
DAVIE, FL 33325

**DO NOT WRITE
IN THIS SPACE**

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE _____

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE _____

FILE NOW!!! FEE IS \$150.00
After May 1, 2004 Fee will be \$550.00

9. Election Campaign Financing
Trust Fund Contribution. ☐ **\$5.00** May Be
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE PD
NAME SWEET, RAYMOND G., JR
STREET ADDRESS 1050 CEDAR CREEK WAY
CITY-ST-ZIP DAVIE, FL

TITLE STD
NAME SWEET, KAREN A.
STREET ADDRESS 1050 CEDAR CREEK WAY
CITY-ST-ZIP DAVIE, FL

TITLE V
NAME ROTHMAN, ISIDORE
STREET ADDRESS 921 NW 8TH AVENUE
CITY-ST-ZIP FT. LAUDERDALE, FL

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

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IN THIS SPACE**

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #