

**2005 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Jan 27, 2005 8:00 am
Secretary of State

01-27-2005 90049 020 ***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

40007578



01222005 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

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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, 2005 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	

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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]
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

1/25/05

Daytime Phone #