CR2E034 (9/01)

2002 Uniform Business Report (UBR)

Apr 01, 2002 8:00 am Secretary of State M86524 DOCUMENT # 1. Entity Name 04-01-2002 90619 044 ***150.00 DESIGNER DISCOUNT FABRICS, INC. Principal Place of Business Mailing Address 1206 STIRLING ROAD 1206 STIRLING ROAD **DANIA FL 33004** DANIA FL 33004 3. Mailing Address 2. Principal Place of Business DO NOT WRITE IN THIS SPACE Suite, Apt. #, etc. Suite, Apt. #, etc. Applied For 4. FEI Number City & State City & State 65-0055571 Not Applicable Country \$8.75 Additional Zip Country 5. Certificate of Status Desired П Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent Name WEISER, ROBERT D Street Address (P.O. Box Number is Not Acceptable) 5403 BAYBERRY LANE TAMARAC FL 33319 Zip Code City 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 DATE Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) 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, 2002 Fee will be \$550.00 Tax filling requirement and elects to do so. Trust Fund Contribution. Added to Fees (Şee criteria on back) Make Check Payable to Department of State ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 OFFICERS AND DIRECTORS 12. 11. Addition ☐ Change ☐ Delete TITLE TITLE NAME WEISER, ROBERT D NAME STREET ADDRESS 5403 BAYBERRY LANE STREET ADDRESS CITY-ST-ZIP TAMARAC FL 33319 CITY-ST-ZIP Addition ☐ Change TITLE ☐ Delete TITI F ۷D NAME WEISER, RITA E NAME 5403 BAYBERRY LANE STREET ADDRESS STREET ADDRESS CITY-ST-ZIP_ _ CITY-ST-ZIP TAMARAC FL 33319 ☐ Addition ☐ Change TITLE TITLE STD ☐ Delete NAME WEISER, ROBERT NAME STREET ADDRESS STREET ADDRESS 5403 BAYBERRY LANE CITY-ST-ZIP CITY-ST-ZIP TAMARAC FL 33319 Change ☐ Addition □ Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change ☐ Addition ☐ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change ☐ Addition ☐ Delete TITLE TITLE NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP 13. 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 this tee 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:

ED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR