## FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

## FILED May 16, 2002 8:00 am Secretary of State

1. Entity Name	000 47823	05-16-2002 90053 038 ***158.75		
EMBROIDERY INTI	ERNATIONAL,	INC V		
DO NOT WRITE	IN THIS SI			
2. Principal Place of Business 1685 N. FLORIDA MANGO RE	3. Mailing Address	- M 0.	-	
Suite, Apt. #, etc.	1685 N - Flor I. Suite, Apt. #, etc.	DA MANGO KÛ	DO NOT WRITE IN THIS	SPACE
WEST PALM BEACH, FL	City & State WEST PALM	BEACH, FL	4. FEI Number 65 - 1006899	Applied For
Zip 33409 Country USA	<sup>Zip</sup> 33409	Country USA	5. Certificate of Status Desired	\$8.75 Additional Fee Required
DO NOT IN		Name A/a.	7. Name and Address of Current Registered	d Agent
DO NOT WRITE IN THIS SPACE		Street Address	P.O. Box Number is Not Acceptable)  NORTH FLORING MANGE RD	
<ul> <li>i.</li> <li>8. The above named entity submits this statement for</li> </ul>	the purpose of changing its n	City WEST	PALM BEACH FL	- Zip Code 33409
SIGNATURE Signature, typed or printed name of registered agent a	NANCY	GAGE BUS Registered Agent signature requires	SSEY 4/26/0	12
9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. (See criteria on back)    See Criteria on back)	y 1 Fee is \$150.00 , Fee is \$550.00 UBR is \$61.25 e to Department of Sta	10. Election Campaign Financing Trust Fund Contribution.	\$5.00 May Be Added to Fees	
11. OFFICERS AND I	DIRECTORS	TITLE		
NAME BUSSEY, NANCY GAG STREET ADDRESS 1685 N. FLORIDA CITY-ST-ZIP WEST PALM BEACH	MANGN PN	NAME STREET ADDRESS CITY-ST-ZIP		CR2E034B (12/01)
TITLE VAME	7 7 2 30 40 1	TITLE NAME		
STREET ADDRESS CITY - ST - ZIP		STREET ADDRESS CITY-ST-ZIP		
NAME		TITLE NAME		
CITY-ST-ZIP	<u> </u>	STREET ADDRESS CITY-ST-ZIP	DO NOT WRITE	TE
TITLE  IAME  STREET ADDRESS		TITLE NAME STREET ADDRESS	IN THIS SPAC	E
OTY-ST-ZIP		STREET ADDRESS CITY-ST-ZIP		
IAME TREET ADDRESS		NAME STREET ADDRESS		
TY-ST-ZIP		STREET ADDRESS CITY-ST-ZIP		
AME		TITLE NAME		
TREET ADDRESS TTY-ST-ZIP		STREET ADDRESS CITY-5T-ZIP		
<ol><li>I hereby certify that the information supplied with the indicated on this report or supplemental report is to of the corporation or the receiver or trustee emporattachment with an address, with all other like emp</li></ol>	world to avacute this re	e exemption stated in Sec signature shall have the sa s required by Chapter 60	tion 119.07(3)(i), Florida Statutes. I further certif ame legal effect as if made under oath; that I am 7, Florida Statutes; and that my name appears i	y that the information 1 an officer or director in Block 11 or on an
SIGNATURE:	NANCY ITED NAME OF SIGNING OFFICER OR I	GAGE BUSSE	y 4 66 log 561-6	583-064 <b>5</b>