

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

**FILED**  
**Apr 28, 2003 8:00 am**  
**Secretary of State**

04-28-2003 91292 030 \*\*\*150.00

DOCUMENT # 01000084826

1. Entity Name  
D+S EMBROIDERY II INC



**DO NOT WRITE IN THIS SPACE**

11023682

2. Principal Place of Business

4631 NW 31st Avenue

Suite, Apt. #, etc.

3. Mailing Address

1065 NW 67th Ave

Suite, Apt. #, etc.

MARGATE FL

DO NOT WRITE IN THIS SPACE

City & State  
FT. LAUD FL

City & State

4. FEI Number

65-1138660

Applied For

Not Applicable

Zip  
33309

Country  
USA

Zip  
33063

Country  
USA

5. Certificate of Status Desired ☐

**\$8.75** Additional  
Fee Required

7. Name and Address of Current Registered Agent

Name

DAVID STEINMAN

Street Address (P.O. Box Number is Not Acceptable)

4631 NW 31st Ave

City

FT LAUDERDALE

FL

Zip Code

33063

**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

January 1 - May 1 Fee is \$150.00

After May 1, Fee is \$550.00

Amended UBR is \$61.25

Make Check Payable to Florida Department of State

9. Election Campaign Financing  
Trust Fund Contribution. ☐

**\$5.00** May Be  
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
PRESIDENT  
DAVID STEINMAN  
4631 NW 31st Ave  
FT LAUDERDALE FL 33309

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  
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CITY-ST-ZIP

**DO NOT WRITE  
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 on an attachment with an address, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/24/03

957 7091743

Date

Daytime Phone #

CR2E034B (12/02)