FILED
May 07, 2002 8:00 am
Secretary of State
05-07-2002 90241 014 ***150.00

APR-24-2002 01:42 PM harvey woroff

FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

650187

DOCUMENT # P01000108599

1. Entity Name: Embroideries Unlimited, Inc.

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business	3. Mailing Address	
13061 NW 43 Ave	Same	
Suite, Apt. #, etc.	Suite, Apt. #, etc.	DO NOT WRITE IN THIS SPACE
City & State: OPA-Locka Fl.	City & State	4. FEI Number: 65-1153671 — Applied For / Not Applicable
Zip: 33054 — Country: Dade	Zip — Country	5. Certificate of Status Desired ☐ — $8.75 Additional Fee Required

DO NOT WRITE IN THIS SPACE

7. Name and Address of Current Registered Agent

Name: Spiegel + Utrera, PA
Street Address (P.O. Box Numbers Not Acceptable): 1840 Coral Way
4th floor
City: MIAMI FL Zip Code: 33145

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 ______________________________
Signature, typed or printed name of registered agent and title if applicable — (NOTE: Registered Agent signature required when reinstating) — DATE

9. This corporation is eligible to satisfy its intangible Tax filing requirement and elects to do so. (See criteria on back) ☐

January 1 - May 1 Fee is $150.00
After May 1, Fee is $550.00
Amended UBR is $61.25
Make Check Payable to Department of State

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

11. OFFICERS AND DIRECTORS

TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	Arthur Abramson, Presid. 13061 NW 43 Ave. OPA-LOCKA, FL. 33054	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	Sec. Selma Abramson 13061 NW 43 Ave OPA-LOCKA, FL 33054	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	
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CR2E034B (12/01)

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 trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 11 or on an attachment with an address, with all other like empowered.

SIGNATURE: Selma Abramson 4/24/02