2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED Jun 09, 2003 8:00 am Secretary of State 05-05-2003 90151 036 ***150.00

DOCUMENT # PO200017911 1. Entity Name MORITA SEWING MACHINE CORP.							գգյս	J • • •			
Principal Place of Business 3555 N.W. 74TH AVENUE MIAMI FL 33122			Mailing Address 3555 N.W. 74TH AVENUE MIAMI FL 33122			1	4,400		-		
2. Principal Place of Business			3. Mailing Address			1					
Suite, Apt. #, etc.			Suite, Apt. #, etc.			CHECK HERE IF MAKING CHANGES					
City & State			City & State			4. FEI Number 03-03-8% II Applied For Not Applicable					
Zip	Zip Country				try	5. Certificate of Status Desired S8.75 Additional Fee Required					
6. Name and Address of Current Registered Agent						7. Name and Address of New Registered Agent Name					
CHEW, MARGARET WONG 1531 N.W. 180TH WAY PEMBROKE PINES FL 33029					Street Address (P.O. Box Number is Not Acceptable)						
I District Fire of Cooks				-	City	·	· · · · · · · · · · · · · · · · · · ·	FL	Zip Cod	e	
	e named entity sub- tions of registered		he purpose of changing	its register	ed office or register	red agent, o	or both, in the State of Flo	rida. I am fem	iliar with,	and accept	
SIGNATURE	Signature, typed to print	ed name of registered agent and	stle ii applicable. (NOTE: Registere	d Agent signature required	i when reinstatir	ng)	DATE			
FILE NOW!!! FEE IS \$150.00 After May 1, 2003 Fee will be \$550.00 Make Check Payable to Florida Department of State						g	Election Campaign Fin Trust Fund Contribution			O May Be I to Fees	
10.		OFFICERS AND DI	RECTORS	11,		ADDITIO	ONS/CHANGES TO OFFI	CERS AND DI	RECTORS	S IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D CHEW, MARGA 1531 N.W. 180 PEMBROKE PII	TH WAY	Oeleta] Change	Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D CHEW, THOON 1531 N.W. 180 PEMBROKE PII	TH WAY	☐ Delete						Change	Addition	
TITLE NAME STREET ADDRESS' CITY-ST-ZIP		·	☐ Deleta					Ę] Change	Addition	
TITLE MAME STREET ADDRESS CITY-ST-ZIP			☐ Deleta					C	Change	☐ Addition	
NAME STREET ADDRESS CITY-ST-ZIP	-		☐ Delete	1	1] Change	Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	·		☐ Delete						Change	☐ Addition	
of the cor	l on this report or su poration or the rec	iontemental report is tri	ue and accurate and the ered to execute this rep	at my signat ort as requir	uro chall have the c	ame lene	7(3)(i), Florida Statutes, fi effect as if made under or atutes; and that my name	aibritheil am a	on officer o	neditactor i	

305-591.8881