FILED

## **2001 UNIFORM BUSINESS REPORT (UBR)**

SIGNATURE:

## Feb 20, 2001 8:00 am DOCUMENT # **P94000070690 Secretary of State** ABC EMBROIDERY, INC. 02-20-2001 90048 019 \*\*\*150.00 Principal Place of Business Mailing Address 3221 NW 10TH IERR 3221 NW 10TH TERR FT. LAUDERDALE FL 33309 FT. LAUDERDALE FL 33309 2. Principal Place of Business 3800 Park Central Blud N 3. Mailing Address University AL 3000 N Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE ity & State 4. FEI Number Applied For 65-0522407 GOTAL SPRINGS, Not Applicable \$8.75 Additional 5. Certificate of Status Desired *33<u>0</u>*64 Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent PANIGEL, JACK Street Address (P.A. Box Number is Not Acceptable) 3800 Park Central DLVd 3221 NW 10TH/TERR. SUITE 507/ FT. LAUDERDALE FL 33309 Zip Code 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 Stanature, typed or printed name of registered agent and title it applicable. (NOTE: Registered Agent signature required when reinstating) 9. This corporation is eligible to satisfy its intangible FILE NOW!!! FEE IS \$150.00 10. Election Campaign Financing \$5.00 May Be Tax filing requirément and elects to do so. After MAY 1, 2001 Fee will be \$550.00 Trust Fund Contribution. Added to Fees (See criteria on back) Make Check Payable to Department of State OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 11. 12. CR2E034 (10/00) Change ☐ Addition TITLE ☐ Delete TITLE NAME PANIGEL, JACK 3800 PARK CONTRAL BLUD N STREET ADDRESS STREET ADDRESS 3221 NW 10TH TERR CITY-ST-ZIP CITY-ST-ZIP PonPano Beach Fo 33064 FT. LAUDERDALE FL ☐ Change ☐ Addition ☐ Delete TITLE NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change ☐ Addition TITLE ☐ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Change ☐ Addition TITLE □ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-7iP CITY-ST-7IP Change ☐ Addition ☐ Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Addition TITLE ☐ Delete TITLE ☐ Change NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information is true and accurate and that my signature shall have the same legal effect as if made under cath; that I am an officer or director cowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 11 or Block 12 if with all other like empowered. I hereby certify that the information supplied wit indicated on this report or supplemental report of the corporation or the receiver or changed, or on an attachment with trustee em