

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P94000081901

1. Entity Name

MIAMI SILK SCREEN AND EMBROIDERY, INC.

Principal Place of Business

1450 N MIAMI AVE  
MIAMI FL 33136

Mailing Address

1450 N MIAMI AVE  
MIAMI FL 33136

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

65-0538905

5. Certificate of Status Desired

☒ X

\$8.75 Additional  
Fee Required

6. Name and Address of Current Registered Agent

STERN, RONALD K CPA  
9300 S DADELAND BLVD #209  
MIAMI FL 33156

7. Name and Address of New Registered Agent

Name

Raymond Resnick

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

1450 North Miami Ave

City

Miami

FL

Zip Code

33136

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

10/19/2000

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

☐

FILE NOW!!! FEE IS \$550.00

After SEPTEMBER 13, 2000 Min. will be \$750.00  
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 D  
NAME RESNICK, RAYMOND  
STREET ADDRESS 20320-01 NE 3RD CT  
CITY-ST-ZIP N MIAMI BEACH FL 33179

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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 Block 12 if changed, or on an attachment with address, with all other like empowered.

SIGNATURE:

SIGNATURE REQUIRED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

9/12/00

Date

(305) 371-4498

Daytime Phone #

FILED

00 OCT 13 AM 9:52

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA



REINSTATEMENT

2000