2000 UNIFORM BUSINESS REPORT (UBR) DOCUMENT # P9500000342 1. Entity Name FABRICS BY RICHARD, INC. Principal Place of Business Mailing Address 13876 W DIXIE HWY 頭帽 W DIXIE HWY MIAMI FL 33161 N MIAMI FL 33161-3343

FILED Jan 24, 2000 8:00 am Secretary of State

01-24-2000 90266 011 ***150.00 B0006590 3. Mailing Address 2. Principal Place of Business DO NOT WRITE IN THIS SPACE Suite, Apt. #, etc. Suite, Apt. #, etc. City & State City & State 4. FEI Number Applied For 65-0546116 Not Applicable Zip Zip Country \$8.75 Additional Country 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent ---Name **OESTERLE, DOUGLAS** Street Address (P.O. Box Number is Not Acceptable) 9506 S RED RD MIAMI FL 33156 Zip Code City FL 3. 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) 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 requirement and elects to do so. After MAY 1, 2000 Fee will be \$550.00 Trust Fund Contribution. Added to Fees (See criteria on back) Make Check Payable to Department of State ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 î î. OFFICERS AND DIRECTORS 12. ☐ Change ☐ Delete TITLE RICHARD, MARIE C STREET ADDRESS STREET ALTERS ST 1260 96TH ST CITY-ST-ZIP ST ZIP **BAY HARBOR FL 33154** Change Addition TITLE ☐ Delete DILLE NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP ST-ZIP Change ☐ Addition HILLE ☐ Delete TITLE NAME STREET ADDRESS Annosegu CITY-ST-ZIP - ST ZIP Change ■ Addition HILE ☐ Delete TITLE NAME STREET ADDRESS HEE. ADDRESS CITY-ST-7IP ST ZIP ☐ Change ☐ Addition ☐ Delete TITLE NAME STREET ADDRESS .a. a Algungs CITY-ST-ZIP ST ZIP ☐ Addition ☐ Change ☐ Delete TITLE NAME ADDIRESS STREET ADDRESS CITY-ST-ZIP

i3. 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 an address, with all other like empowered.

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