2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

DOCUMENT #

Principal Place of Business

P95000094708

Mailing Address

1. Entity Name

PEARLWEAVE SAFETY NETTING SALES CORP.

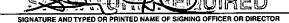


FILED Feb 03, 2003 8:00 am Secretary of State 02-03-2003 90119 049 ***150.00

2609 NORTHWEST 40 STREET BOCA RATON FL 33434		2609 NORTHWEST 40 STREET BOCA RATON FL 33434									
2. Principal Place of Business			3. Mailing Address							III. 03016 10611 0	
Suite, Apt. #, etc.			Suite, Apt. #, etc.					CHECK HERE IF MAKING CHANGES			
City & State			City & State			<u>-</u>	4. 1	4. FEI Number 65-0627858			plied For t Applicable
Zip ,	Country		Zip		Coun	Country		Certificate of Status Desired		8.75 Addi	
	6. Name	and Address of Current	Registere	d Agent			7. 1	Name and Address of New Regi	stered Aç	ent	
LIPKIND, S 2609 NW						Name Street Address (P.O. Box Number is Not Acceptable)					
	FL 334	**				City			FL	Zip Code	
the obligation	ons of registe					ed office or re		ent, or both, in the State of Florida	a. I am fa	miliar with, a	and accept
FILE NOW!!! FEE IS \$150.00 After May 1, 2003 Fee will be \$550.00 Make Check Payable to Florida Department of State								Election Campaign Financ Trust Fund Contribution.		Added	May Be to Fees
10.	DATE	- OFFICERS AND	DIRECTO		11.		AD	DDITIONS/CHANGES TO OFFICE	•		
TITLE NAME STREET ADDRESS CITY-ST-ZIP		STEVÊN THWEST 40 STREET TON FL 33434		☐ Delete		1				Change	Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<u>.</u>	and the second second	_	☐ Delete			·			Change	☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP				☐ Delete						☐ Change	☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	14 - 120		-	☐ Delete						☐ Change	☐ Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP				☐ Delete	CITY	EET ADDRESS '-ST-ZIP	415-0-1	119 07(3)(i) Florida Statutes I fu		☐ Change	Addition

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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:



20/01/1

561-998-790