## **2000 UNIFORM BUSINESS REPORT (UBR)**

## **FILED** DOCUMENT # **P96000058731** Apr 21, 2000 8:00 am Secretary of State 1. Entity Name **B&W EMBROIDERY, INC.** 04-21-2000 90160 049 \*\*\*150.00 Principal Place of Business Mailing Address 15050 NE 20TH AVE 15050 NE 20TH AVE STE #108 STE #108 NORTH MIAM! FL 33181 NORTH MIAMI FL 33181-1123 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE Applied For City & State City & State 4. FEI Number 65-0679720 Not Applicable Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent Name COLON, BRENDA R Street Address (P.O. Box Number is Not Acceptable) 15050 NE 20TH AVE STE #108 NORTH MIAMI FL 33181 Zio Code City 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. (NQTE: Registered Agent signature required when reinstating) FILE NOW!!! FEE IS \$150.00 9. This corporation is eligible to satisfy its Intangible 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 11. OFFICERS AND DIRECTORS 12. TITLE Change ☐ Delete TITLE COLON, BRENDA R NAME NAME 15050 NE 20TH AVE STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP NORTH, MIAMI FL 33181 Change | ☐ Addition TITLE ☐ Delete TITLE COLON, WALTER P NAME NAME STREET ADORESS STREET ADDRESS 15050 NE 20TH AVE CITY-ST-ZIP CITY-ST-ZIP NORTH MIAM! FL 33181 ☐ Change ☐ Addition ☐ Delete 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-ZIR TITLE ☐ Delete TITLE Change ■ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE Change ☐ Addition ☐ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-7IP CITY-ST-ZIP

SIGNATURE: Brende R. Cofor Desident BRENDA R. COLON PRESIDENT 4-12-2000 305-944-6353

13. I hereby certify that the information supplied with this filling 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