2002 Uniform Business Report (UBR)

Mar 29, 2002 8:00 am Secretary of State P96000058731 DOCUMENT # 1. Entity Name **B&W EMBROIDERY, INC.** 03-29-2002 91392 033 ***150.00 Principal Place of Business Mailing Address 15050 NE 20TH AVE 15050 NE 20TH AVE STE #108 STE #108 NORTH MIAMI FL 33181 NORTH MIAMI FL 33181 US 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE City & State City & State Applied For 4. FEI Number 65-0679720 Not Applicable Zip \$8.75. Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent COLON, BRENDA R Street Address (P.O. Box Number is Not Acceptable) 15050 NE 20TH AVE STE #108 **NORTH MIAMI FL 33181** City Zip Code 6. 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 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, 2002 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 11. 12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 TITLE Delete TITLE ☐ Change ☐ Addition 2E034 (9/01 COLON, BRENDA R NAME NAME 15050 NE 20TH AVE STREET ADDRESS STREET ADDRESS NORTH MIAMI-FL 33181 CITY-ST-ZIP CITY-ST-ZIP Delete Change Addition TITLE TITLE COLON, WALTER P NAME STREET ADDRESS 15050 NE 20TH AVE STREET ADDRESS NORTH MIAMI FL 33181 CITY-ST-ZIP CITY-ST-ZIP TITLE Delete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-2IP CITY-ST-ZIP TITLE Delete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE---□ · Delete . Change _ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE TITI F Delete ☐ Change Addition NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP

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 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.

SIGNATURE:

FILED