2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR

FILED Apr 24, 2003 8:00 am Secretary of State

DOCUMENT # P96000058731 1. Entity Name B&W EMBROIDERY, INC.						04-24-2003 90188 011 ***150.00					
Principal Place of Business 15050 NE 20TH AVE STE #108 NORTH MIAMI FL 33181 US 2. Principal Place of Business			g Address) NE 20TH AVE #108 TH MIAMI FL 33181								
Suite, Apt. #, etc.			Suite, Apt. #, etc.			☐ CHECK HERE IF MAKING CHANGES					
City & State			& State			4. FEI Number 65-0679720 Applied For Not Applicate			t Applicable		
Zip Country ~.		Zip	Countr		್ವ ನಿಗ್ಯೋಗವರ	5. Certificate of Statu	s Desired		8.75 Added Required		
6. Name and Address of Current Registered Agent					7. Name and Address of New Registered Agent						
COLON, BRENDA R					Name						
15050 NE 20TH AVE					Street Address (P.O. Box Number is Not Acceptable)						
STE #108	. et sone										
NORTH MIAMI FL 33181					City FL Zip Code						
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. I am familiar with, and accept									and accept		
the obligati	ions of registered agent.						•				
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 After May 1, 2003 Fee will be \$550.00 Make Check Payable to Florida Department of State						9. Election Ca Trust Fund	ampaign Fina Contribution.			0 May Be to Fees	
10.				5 11.			ES TO OFFIC	ERS AND D	IRECTORS	3 IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD : Delete COLON, BRENDA R 15050 NE 20TH AVE NORTH MIAMI FL 33181		TITLE NAME STREET A CITY-ST	l l	☐ Change ☐			Addition			
TITLE * NAME STREET ADDRESS CITY-ST-ZIP	D Delete COLON, WALTER P 15050 NE 20TH AVE NORTH MIAMI FL 33181		TITLE NAME STREET A CITY-ST	I	☐ Change			Addition			
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TITLE NAME STREET ADDRESS CITY-ST-ZIP			TITLE NAME STREET A		☐ Change ☐ Add			Addition			
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TITLE NAME STREET ADDRESS CITY-ST-ZIP			□ Delete	TITLE NAME STREET A CITY-ST-] Change	Addition	

12. Thereby 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 empowereds.

SIGNATURE: