## 2000 UNIFORM BUSINESS REPORT (UBR)

changed, or on an attachment with an address, with all other like empowered

## DOCUMENT # P96000065437 May 01, 2000 8:00 am Secretary of State ALLSTAR EMBROIDERY, INC. 05-01-2000 90547 012 \*\*\*150.00 Mailing Address Principal Place of Business 571 SW 27TH AVE. 2811 MADISON ST. FT. LAUDERDALE FL 33312 HOLLYWOOD FL 33020-4723 3. Mailing Address 2. Principal Place of Business N.E. IST Ave 120-C arıı Madison Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE Applied For City & State City & State 4. FEI Number 65-0687395 Hallandale, Fl Hollywood Not Applicable Country 33009 \$8.75 Additional 5. Certificate of Status Desired 3020 Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent ESPINOZA, MARIO A Street Address (P.O. Box Number is Not Acceptable) 2811 MADISON STREET HOLLYWOOD FL 33020 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. DATE Signature, typed or printed name of registered agent and title if applicable (NOTE: 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 Make Check Payable to Department of State (See criteria on back) ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 OFFICERS AND DIRECTORS 11. 12 Unang only Change ☐ Addition Delete TITLE Boone-Espinoza, Janet 2811 Madison St. NAME NAME **BOONE-ESPINOZA, JANET** STREET ADDRESS STREET ADDRESS 2811 MADISON STREET CITY-ST-ZIP CITY-ST-ZIP HWD FI 33020 HOLLYWOOD FL 33020 UIL CHANG 🔀 Change ☐ Addition P/M ☐ Delete TITLE ESPINOZA, MARIO A Espinoza, Mario.A. NAME STREET ADDRESS STREET ADDRESS 2811 Madison St. 2811 MADISON STREET CITY-ST-ZIP HWd, FI 33020 CITY-ST-ZIP HOLLYWOOD FL 33020 Change FT Addition ☐ Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-7IP ☐ Change ☐ Addition ☐ Delete .TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change ☐ Addition ☐ Delete TITLE NAME STREET ADDRESS STREET ADDRESS CITY-ST-7IP CITY-ST-ZIP ☐ Addition Change ☐ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS 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 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