

# 2000 UNIFORM BUSINESS REPORT (UBR)

05-17-2000 90845 035 \*\*\*150.00

FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS

00 JUL 24 AM 6:44

DOCUMENT #: P96000066035

1. Entity Name

ROYAL TAPESTRY, INC.

Principal Place of Business

Mailing Address

~~1207 HAMPTON BLVD.~~  
~~NO LAUDERDALE FL 33068~~

~~1207 HAMPTON BLVD.~~  
~~NO LAUDERDALE FL 33068-5312~~

2. Principal Place of Business

9351 NW 39th CT

3. Mailing Address

9351 NW 39th CT

Suite, Apt. #, etc.

Suite, Apt. #, etc.

Coral Springs, FL

Coral Springs, FL

City & State

City & State

4. FEI Number

65-0698201

Applied For

Not Applicable

5. Certificate of Status Desired

\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

HARRIS, EVELYN L  
~~1207 HAMPTON BLVD~~  
~~STE 3300~~  
~~FT LAUDERDALE FL 33068~~

Name  
← SAME

Street Address (P.O. Box Number is Not Acceptable)

9351 NW 39th CT

City Coral Springs

FL

Zip Code

33065

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

*Evelyn L. Harris* *Evelyn L. Harris*

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered agent signature required when reinstating)

DATE

9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so.

**FILE NOW!!! FEE IS \$150.00**  
After MAY 1, 2000 Fee will be \$550.00  
Make Check Payable to Department of State

10. Election Campaign Financing Trust Fund Contribution.

\$5.00 May Be Added to Fees

11. OFFICERS AND DIRECTORS

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	<input type="checkbox"/> Delete
P	HARRIS, EVELYN L	1207 HAMPTON BLVD.	NO LAUDERDALE FL 33068	<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>

13. 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 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 12 changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

*Evelyn L. Harris, pres.*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/23/00

AD

Continuation Form #

CR21-034 (9/99)