

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
May 15, 2002 8:00 am
Secretary of State

05-15-2002 90139 010 ***150.00

DOCUMENT # P96000066035

1. Entity Name
ROYAL TAPESTRY, INC.

Principal Place of Business

9951 NW 39TH CT.
CORAL SPRINGS FL 33068

Mailing Address

9951 NW 39TH CT.
CORAL SPRINGS FL 33068

2. Principal Place of Business

4809 NW 19th St.
 Suite, Apt. #, etc.

3. Mailing Address

PO Box 956
 Suite, Apt. #, etc.

City & State

Coconut Creek, FL

City & State

Pompano Beach, FL

4. FEI Number

65-0698201

Applied For

Not Applicable

Zip

33063

Country

BROWARD

Zip

33061

Country

BROWARD

5. Certificate of Status Desired

☐ **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent

IDA SAWYER Q
1011 ADAMS ST.
WEST PALM BEACH FL 33407

7. Name and Address of New Registered Agent

Name Evelyn L. Harris

Street Address (P.O. Box Number is Not Acceptable)
4809 NW 19th St.

City Coconut Creek

FL

Zip Code

33063

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

(NOTE: Registered Agent signature required when reinstating)

4/24/02

9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so.
 (See criteria on back) ☐

FILE NOW!!! FEE IS \$150.00
After May 1, 2002 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	P	<input checked="" type="checkbox"/> Delete
NAME	CLAIRE, FRANKIE MS	
STREET ADDRESS	1207 HAMPTON BLVD	
CITY-ST-ZIP	NO LAUDERDALE FL 33068	
TITLE	D	<input type="checkbox"/> Delete
NAME	SANTINO, VINCE MR	
STREET ADDRESS	381 NW 36TH ST.	
CITY-ST-ZIP	POMPANO BEACH FL 33064	
TITLE	D	<input type="checkbox"/> Delete
NAME	JORDAN, ANTHOS MR.	
STREET ADDRESS	260 NW 24TH CT	
CITY-ST-ZIP	POMPANO BEACH FL 33064	
TITLE	T	<input checked="" type="checkbox"/> Delete
NAME	AILEEN, WALLER MS.	
STREET ADDRESS	1011 ADAMS ST	
CITY-ST-ZIP	WEST PALM BEACH FL 33407	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	PS	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	EVELYN HARRIS	
STREET ADDRESS	4809 NW 19th St	
CITY-ST-ZIP	Coconut Creek, FL 33063	
TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Tala Callahan	
STREET ADDRESS	1210 SE 3rd Ave	
CITY-ST-ZIP	Pompano Beach, FL 33060	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

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

SIGNATURE:

Evelyn L. Harris

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/24/02

Date

954-975-7979

Daytime Phone #

CR2E034 (9/01)