FILED

2002 UNIFORM BUSINESS REPORT (UBR)

SIGNATURE:

Jan 21, 2002 8:00 am P97000095735 DOCUMENT # Secretary of State 1. Entity Name 01-21-2002 90042 033 ***150 00 SEW SUPERIOR EMBROIDERY WHOLESALERS, INC. Mailing Address Principal Place of Business 10410 TAFT ST 10410 TAFT ST PEMBROKE PINES FL 33026 PEMBROKE PINES FL 33026 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE City & State City & State 4. FEI Number Applied For 65-0793768 Not Applicable Zip Country Zip Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent ANDERSON, DAVID F ESQ Street Address (P.O. Box Number is Not Acceptable) 412 SE 23RD STREET FORT LAUDERDALE FL 33316 Zip Code City FL 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 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 \$5.00 May Be 10. Election Campaign Financing 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 ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 OFFICERS AND DIRECTORS 11. 12. CR2E034 (9/01) ☐ Addition TITLE □ Delete TITLE MISHLER, GREGORY HOWARD 2150 NW 99Th Terr. MISHLER, GREGORY HOWARD NAME NAME 17834 SW 13TH STREET STREET ADDRESS STREET ADDRESS Pembroke Pines, FL 33024 PEMBROKE PINES FL 33029 CITY-ST-ZIP CITY-ST-7IP ☐ Addition ☐ Delete TITLE Change MISHLER, FRANCINE MISHLER, FRANCINE NAME NAME 17834 SW 13TH STREET STREET ADDRESS 2150 NW STREET ADDRESS PEMBROKE PINES FL 33029 CITY-ST-ZIP CITY-ST-ZIP Change ☐ Addition ☐ Delete TITLE ŤΠΕ NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete TITLE ☐ Change ■ Addition TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-7IP ☐ Change ☐ Addition TITLE TITLE ☐ Delete NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete TITLE Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-7IP 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.