## **2003 FOR PROFIT CORPORATION** UNIFORM BUSINESS REPORT (UBR) P97000095735 **DOCUMENT #** 1. Entity Name

## **FILED** Mar 03, 2003 8:00 am Secretary of State

SEW SUPERIOR EMBROIDERY WHOLESALERS, INC.					03-03-2003 90940 037 *** 130.00			
10410 TAFT	ace of Business ST PINES FL 33026	Mailing Address 10410 TAFT ST PEMBROKE PINES I		*****		AN PRINCEPAN ARMA OF		
2. Principal	Place of Business	3. Mailing Address						
Suite, Ap	t. #, etc.	Suite, Apt. #, etc.			☐ CHECK HERE IF MAKING CHANGES			
City & State		City & State			4. FEI Number 65-07	4. FEI Number 65-0793768		pplied For ot Applicable
Zip	Country	Zip	Coun	try	5. Certificate of Status D	Desired	\$8.75 Ad	ditional
<u> </u>	6. Name and Address of Current	Registered Agent -	er in result	Name	7. Name and Address of	f New Registere		
ANDERSON, DAVID F ESQ 412 SE 23RD STREET FORT LAUDERDALE FL 33316				Street Address (P.O. Box Number is Not Acceptable)				
	•			City		F	Zip Coo	le
Afte Make Chec	Signature, typed or printed name of registered agent a FILE NOW!!! FEE IS \$150.00 or May 1, 2003 Fee will be \$550.00 k Payable to Florida Department of		(NOTE: Registered	I Agent signature require	9. Election Camp Trust Fund Co		\$5.0	00 May Be
10:43	OFFICERS AND DIRECTORS		11.		ADDITIONS/CHANGES	TO OFFICERS A	ND DIRECTOR	S IN 11
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD MISHLER, GREGORY HOWARD 2150 NW 99TH TERR PEMBROKE PINES FL 33024	□ Delete		<b>I</b>			☐ Change	☐ Addition -
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD MISHLER, FRANCINE 2150 NW 99TH TERR PEMBROKE PINES FL 33024	□ Delete	CITY-:	T ADDRESS ST-ZIP			☐ Change	☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	NAME STREE	T ADDRESS ST-ZIP			Change	☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		Delete	TITLE NAME STREET CITY-S	T ADDRESS	N		☐ Change	☐ Addition
TITLE Name Street address : City-St-Zip		☐ Delete	TITLE NAME STREET CITY-S	r adoress St-zip			☐ Change	Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	ertify that the information cumplied with a	☐ Delete	TITLE NAME STREET CITY-S	ADDRESS ST-ZIP			☐ Change	Addition

nformation 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 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 legiver or trustee of powered is execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 10 or Block 11 if min and other, with all other ske empowered. indicated on this report of the corporation or the changed, or on an alac

SIGNATURE:

GNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR