## FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

## FILED May 21, 2002 8:00 am Secretary of State

DOCUMENT # P980000 1. Entity Name D. K. Fubroidery, -		05-21-2002 91114 035 ***	
	IN THIS SPACE		
2. Brincipal Place of Busines 4 Special State St	3507 N.W. 194572 Suite, Apt. #, etc.	DO NOT WRITE IN THIS SPACE	
Cry & State LAUCHER hill, F1.	City & State State State State	4. FEI Number 89 1028	Applied For
Zip 33311 USA	33311 USA	5. Certificate of Status Desired See Rec	-

## DO NOT WRITE IN THIS SPACE

7. Name and Address of Current Reg	istered A	Agent
Name DANIEL BEN LULY		
Name  ANIE Street Address (P.O. Box Mymber is Not Ameptable)		
City CORAL SURINGS	FL	33065

<b>0</b> , 1110	pove named entity submits this statement for the purpose of ch ,	langing its registered office of registered agent, or botte, in the	state of Fibrioa.	
SIGNA	JRE Signature, typed or printed name of registered agent and title if applicable	(NOTE: Registered Agent signature required when reinstating)	DATE	
		venid Moud' Eas la \$450.00		

į.	Signature, typed or printed name of registered agent and	title if applicable	(NOTE: Registered Agent signature required when rein	stating) D.	ATE.	
9.	This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. (See criteria on back)	After Am	/ 1 - May 1' Fee is \$150.00 r May 1, Fee is \$550.00 ended UBR is \$61.25 Payable to Department of State	Election Campaign Financing     Trust Fund Contribution.		\$5.00 Added

**0** May Be to Fees

CR2E034B (12/01)

OFFICERS AND DIRECTORS 11 TITLE HAME NAME STREET ADDRESS STREET ADDRESS CITY - ST - ZIP CITY-ST-ZIP HILE TITLE BMAIL NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS DO NOT WRITE CITY - ST - ZIP CITY-ST-ZIP THUE TITLE IN THIS SPACE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE NAME STREET ADDRESS STREET AODRESS CITY - SF - ZIP CITY-ST-ZIP TITLE NAME STREET ADDRESS STREET ADDRESS CITY - ST - ZiP CITY-ST-ZIP

13. Thereby certify That the information supp ed/with this filing does not qualify for the exemption stated in Section 119,07(3)(i), Florida Statutes, I further certify that the information fort is true and accurate and that my signature shall have the same legal effect as it made under oath; that I am an officer or director empty effect to execute this report as required by Chapter 607. Florida Statutes; and that my name appears in Block 11 or on an indicatéd of this report or supplemen of the corp tration or the rece attachmen

SIGNATU