2000 UNIFORM BUSINESS REPORT (UBR)

FILED
May 31, 2000 8:00 am
Secretary of State
05-31-2000 90063 022 ***150.00

661300

DO NOT WRITE IN THIS SPACE

DOCUMENT # P98000093348

Entity Name: MAZZONI EMBROIDERY & DIGITIZING, INC.

Principal Place of Business: 2651 W. 81ST STREET, Hialeah, Fl. 33016

Mailing Address: 2651 W. 81ST STREET, Hialeah, Fl. 33016

Principal Place of Business — Suite, Apt. #, etc.

3. Mailing Address — Suite, Apt. #, etc.

City & State — Zip — Country

City & State — Zip — Country

4. FEI Number: 65-0874728 — Applied For / Not Applicable

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent

PETER P. PARISI
2832 NE 21ST COURT
FT. LAUDERDALE, Fl. 33305

7. Name and Address of New Registered Agent

Name:

Street Address (P.O. Box Number Not Acceptable): 4045 NW 16TH STREET 111

City: FT. LAUDERDALE FL Zip Code: 33313

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: PETER P. PARISI — 4/29/00

Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

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, 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

OFFICERS AND DIRECTORS	12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11
☐ Delete TITLE D P NAME MICHAEL OTERO STREET ADDRESS 5541 NW 89TH WAY CITY-ST-ZIP COCONUT CREEK, Fl. 33073	TITLE NAME STREET ADDRESS CITY-ST-ZIP ☐ Change ☐ Addition
☐ Delete TITLE NAME STREET ADDRESS CITY-ST-ZIP	TITLE NAME STREET ADDRESS CITY-ST-ZIP ☐ Change ☐ Addition
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☐ Delete TITLE NAME STREET ADDRESS CITY-ST-ZIP	TITLE NAME STREET ADDRESS CITY-ST-ZIP ☐ Change ☐ Addition

CR2E034 (9/99)

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: MICHAEL OTERO DIRECTOR — 4/29/00 — (305) 698-8808

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #