

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P99000004975

1. Entity Name
ANTONELLA'S EMBROIDERY, INC.

FILED
May 22, 2000 8:00 am
Secretary of State

05-22-2000 90069 034 ***150.00

Principal Place of Business
**5150 S.W. 48TH WAY
DAVIE FL 33314**

Mailing Address
**5150 S.W. 48TH WAY
DAVIE FL 33314-5513**

2. Principal Place of Business
5150 Sw. 48th way.

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

Suite, Apt. #, etc.
601.

City & State
Davie Fl.

Zip
33314

Country
U.S.A.

City & State

Zip

Country

4. FEI Number

☒ Applied For
☐ Not Applicable

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

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**NEIRA, JOSE ROBERTO
5150 S.W. 48TH WAY
DAVIE FL 33314**

Name

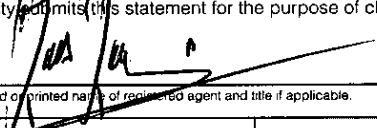
Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

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 

(NOTE: Registered Agent signature required when reinstating)

DATE

April 26/00

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, 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**

11. OFFICERS AND DIRECTORS

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**PTSD
NEIRA, JOSE ROBERTO
1301 S.W. 120TH WAY
DAVIE FL 33325**

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**Gladys Stella Sierra. Partner
1301 Sw. 120 way
Davie, FL 33325**

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**Edgar Garzon.
1301 Sw 120 way Davie fl.
33325**

TITLE
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STREET ADDRESS
CITY-ST-ZIP
☐ Change ☒ Addition

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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: 
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (9/99)