

2002 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P990000033130

1. Entity Name
ECSTASY EMBROIDERY, INC.

Principal Place of Business Mailing Address
17950 N.W. 22ND COURT 17950 N.W. 22ND COURT
MIAMI FL 33056 MIAMI FL 33056

2. Principal Place of Business 3. Mailing Address
Suite, Apt. #, etc. Suite, Apt. #, etc.

City & State City & State

Zip Country Zip Country

4. FEI Number 65-0922713 Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

RIETTIE, SHIRLEY
17950 N.W. 22ND COURT
MIAMI FL 33056

7. Name and Address of New Registered Agent

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

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, 2002 Fee will be \$550.00
Make Check Payable to Department of State

10. Election Campaign Financing \$5.00 May Be
Trust Fund Contribution. ☐ Added to Fees

11. OFFICERS AND DIRECTORS

TITLE PD
NAME RIETTIE, SHIRLEY
STREET ADDRESS 17950 N.W. 22ND COURT
CITY-ST-ZIP MIAMI FL 33056 ☐ Delete

TITLE SD
NAME RIETTIE, EDWIN
STREET ADDRESS 17950 NW 22ND COURT
CITY-ST-ZIP MIAMI FL 33056 ☐ Delete

TITLE T
NAME MASON, REGINA
STREET ADDRESS 75 N.E. 150TH STREET
CITY-ST-ZIP NORTH MIAMI FL 33161 ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

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

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

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

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

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

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

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: *Shirley Riettie* THIRTEENTH
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/04/02 (305) 625-8268
Date Signature Phone #

FILED
Jan 11, 2002 8:00 am
Secretary of State

01-11-2002 90019 006 ***150.00



DO NOT WRITE IN THIS SPACE

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CR2E034 (9/01)