

2001 UNIFORM BUSINESS REPORT (UBR)

FILED

Apr 20, 2001 8:00 am
Secretary of State

04-20-2001 90163 008 ***150.00

DOCUMENT # S37881

1. Entity Name

PAR-SET FABRICS, INC.

Principal Place of Business

4015 PALM AIRE DRIVE WEST
#703
POMPANO BEACH FL 33069

Mailing Address

4015 PALM AIRE DRIVE WEST
#703
POMPANO BEACH FL 33069

2. Principal Place of Business

A B O V E

3. Mailing Address

4015 PALM AIRE DR W

Suite, Apt. #, etc.

703

City & State

POMPANO BEACH FL

Zip

33069

Country

U.S.A

City & State

POMPANO BEACH FL

Zip

33069

Country

U.S.A

6. Name and Address of Current Registered Agent

FINE, STEVEN, P.A.
3890 W. COMMERCIAL BLVD.
FT. LAUDERDALE FL 33309

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, 2001 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

TITLE ☐ Delete
NAME S T
STREET ADDRESS HERBERT, STANLEY E.
CITY-ST-ZIP 4015 PALM AIRE DR. W
POMPANO BEACH FL

TITLE ☐ Delete
NAME P
STREET ADDRESS PEARCE, GEORGE W., JR
CITY-ST-ZIP 1217 YORKSHIRE DR.
HIGHPOINT NC

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

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

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

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

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

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: Stanley E. Herbert
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date 4/12/01 Daytime Phone # 954-974-3812

CR2E034 (10/00)