## 2001 UNIFORM BUSINESS REPORT (UBR) FILED Mar 29, 2001 8:00 am **DOCUMENT # \$71059** 1. Entity Name Secretary of State **ENCORE TEXTILES, INC.** 03-29-2001 90983 001 \*\*\*150.00 03-29-2001 90983 002 \*\*\*\*\*8.75 Principal Place of Business Mailing Address 75 NE 39TH ST. P.O. BOX 370355 MIAMI FL 33137 MIAMI FL 33137 US US 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE City & State City & State 4. FEI Number Applied For 65-0279693 Not Applicable Zip Country Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name ROTHMAN, MARCY L Street Address (P.O. Box Number is Not Acceptable) 75 NE 39TH ST. MIAMI FL 33137 Zip Code FL 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) This corporation is gible to satisfy its Intangible FILE NOW!!! FEE IS \$150.00 10. Election Campaign Financing \$5.00 May Be Tax filing requirement and elects to do so. After MAY 1, 2001 Fee will be \$550.00 Trust Fund Contribution. Added to Fees (See criteria on back) Make Check Payable to Department of State OFFICERS AND DIRECTORS 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 12. PD TITLE TITLE ☐ Delete ☐ Change ☐ Addition ROTHMAN, MARCY L NAME NAME STREET ADDRESS 75 NE 39TH ST. STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP MIAMI FL 33137 TITLE ☐ Delete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-7IP CITY-ST-ZIP TITLE. TITLE ☐ Delete ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE Change Addition NAME STREET ADDRESS STREET ADDRESS CITY-ST-7IP CITY-ST-ZIP TITLE ☐ Delete TITLE Change ☐ Addition NAME NAME

13. I hereby certify that the information supplied with this filling 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 the 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 expowered 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 emporated.

STREET ADDRESS

CITY-ST-ZIP

SIGNATURE;

STREET ADDRESS

CITY-ST-ZIP

SIGNATURE AND DOOD OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3/22/01 305.5/3.2275