

**FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

FILED
Sep 07, 2005 8:00 am
Secretary of State

09-07-2005 90012 002 ***550.00

DOCUMENT # S71059	
1. Entity Name ENCORE TEXTILES INC	

DO NOT WRITE IN THIS SPACE

14019414

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2. Principal Place of Business 108 NE 39 st	3. Mailing Address PO Box 370355
Suite, Apt. #, etc.	Suite, Apt. #, etc.

City & State MIAMI FL	City & State MIAMI FL
Zip 33137	Zip 33137
Country USA	Country USA

4. FEI Number 65-0279693	Applied For ☐ Not Applicable
5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required	

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7. Name and Address of Current Registered Agent	
Name MARCY L ROTHMAN	
Street Address (P.O. Box Number is Not Acceptable) 108 NE 39 st	
City MIAMI	State FL
Zip Code 33137	

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. I am familiar with, and accept the obligations of registered agent.
SIGNATURE _____ Signature, typed or printed name of registered agent and fee. (NOTE: Registered Agent signature required when transferring)
DATE _____

January 1 - May 1 Fee is \$150.00 After May 1, Fee is \$550.00 Amended UBR is \$61.25 Make Check Payable to Florida Department of State	9. Election Campaign Financing Trust Fund Contribution: ☐ \$5.00 May Be Added to Fees
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10. OFFICERS AND DIRECTORS			
TITLE NAME STREET ADDRESS CITY-STATE-ZIP	PRESIDENT MARCY ROTHMAN 108 NE 39 st MIA, FL 33137	TITLE NAME STREET ADDRESS CITY-STATE-ZIP	
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12. 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 10 or on an attachment with an address, with all other like empowered.

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

CR2E034B (12/02)