

**2000 UNIFORM BUSINESS REPORT (UBR)**

**FILED**  
**Apr 25, 2000 8:00 am**  
**Secretary of State**

04-25-2000 90004 037 \*\*\*150.00

DOCUMENT # **V70677**

1. Entity Name  
**SUNSHINE STATE TEXTILE MFG. CO. INC.**

Principal Place of Business: **155 SPYGLASS WAY PALM BEACH GARDENS FL. 33418**  
 Mailing Address: **155 SPYGLASS WAY PALM BEACH GARDENS FL. 33418**

2. Principal Place of Business: **155 SPYGLASS WAY**  
 Suite, Apt. #, etc.

3. Mailing Address: **155 SPYGLASS WAY**  
 Suite, Apt. #, etc.

4. FEI Number: **65-0364004**  
 Applied For:  Not Applicable

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

6. Name and Address of Current Registered Agent  
**Sheila Bershad**  
**155 SPYGLASS WAY**  
**PALM BEACH GARDENS FL. 33418**

7. Name and Address of New Registered Agent

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: **Sheila Bershad** DATE: **4/10/00**

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: <b>Pres</b>	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME: <b>Sheila Bershad</b>		NAME	
STREET ADDRESS: <b>155 SPYGLASS WAY</b>		STREET ADDRESS	
CITY-ST-ZIP: <b>PALM BCH. GDS 33418</b>		CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		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: **Sheila Bershad Pres.** DATE: **4/10/00** DAYTIME PHONE #: **561-622-0751**

CR2E034 (9/99)