2000 UNIFORM BUSINESS REPORT (UBR	-				
	2000	<b>UNIFORM</b>	<b>BUSINESS</b>	<b>REPORT</b>	(UBR)

1. Entity Nam	MENT # <b>436673</b> IA FABRICS, INC.					M S	ar 20, 2 Secreta 03-20-2000 90	ry of	Sta	ite
Principal Place	e of Business	Mailirg	Address							
			04 NW 22ND COURT AMI FL 33142-7346							
2. Principal P	lace of Business	3. Mailir	ng Address							
		Suito	Apt. #, etc.	<u> </u>		( FD   (1) 0 ( D E (				.C 01021 1401
Suite, Apt.	#, etc.						DO NOT WRITE	ווא וחוס סרו	<u> </u>	
City & State	<del>9</del>	City/8	City & State		4.	FEI Number	59-1486310			plied For t Applicable
Zip	Country	Zip	<del></del>	Country	5.	Certificate of	Status Desired		3.75 Add e Required	
	6. Name and Address of Curren	t Registered	Agent		7.	Name and Ad	dress of New Reg			
SABETO, MAYA 1201 STILLWATER DRIVE				Street	Address (P.O.	Box Number is	s Not Acceptable)		·	
MIAR	MI BEACH FL 33141			City				FL	Zip Code	•
9. This corpo	Signature, typed or printed name of registered ager praction is eligible to satisfy its Intangib equirement and elects to do so.	le	FILE NOW After MAY 1, 20	IE Registered Agent signo III FEE IS \$150 000 Fee will be \$ ble to Departme	.00 5550.00	10. Electi	on Campaign Finar Fund Contribution.	DATE noting		O May Be
11.	OFFICERS ANI		1L	12.		L DDITIONS/CH	HANGES TO OFFIC	ERS AND D	IRECTORS	3 IN 11
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P MAYA, SABETO 1201 STILLWATER DRIVE MIAMI BEACH FL		□ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP				[	_ Change	☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S MAYA, FORTUNA 1201 STILLWATER DRIVE MIAMI BEACH FL		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP					Change	☐ Addition
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TITLE NAME STREET ADDRESS CITY-SI-ZIP	certify that the information supplied w		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		440.07/01/0			_ Change	Addition

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR