

2000 UNIFORM BUSINESS REPORT (UBR)

FILED
May 12, 2000 8:00 am
Secretary of State

05-12-2000 90054 045 ***150.00

DOCUMENT # J84172

1. Entity Name
PRO KNIT, INC.

Principal Place of Business 295 EAST 10TH CT HIALEAH FL 33010	Mailing Address 295 EAST 10TH CT HIALEAH FL 33010-5148
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DO NOT WRITE IN THIS SPACE

2. Principal Place of Business Suite, Apt. #, etc.	3. Mailing Address Suite, Apt. #, etc.
City & State	City & State

4. FEI Number **65-0005138** Applied For
 Not Applicable

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

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**CRESPO, ALEJANDRO A.
 9260 SW 72ND ST.
 STE 117
 MIAMI FL 33173**

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 _____ (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, 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 NAME PD SAFIE, CARLOS A.	<input checked="" type="checkbox"/> Delete	TITLE NAME President Director	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS 6140 W SUBURBAN DR		STREET ADDRESS Juan A. Gadala-Maria	
CITY-ST-ZIP MIAMI FL		CITY-ST-ZIP 7260 S.W. 108 Terrace	
TITLE NAME VTD AVILA, FRANCISCO L.	<input checked="" type="checkbox"/> Delete	TITLE NAME Vice-President/Trea/Direc	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS 8522 S.W. 148 TERRACE		STREET ADDRESS Francisco L. Avila	
CITY-ST-ZIP MIAMI FL		CITY-ST-ZIP 8522 S.W. 148 Terrace	
TITLE NAME SD GADALA-MARIA, JUAN	<input checked="" type="checkbox"/> Delete	TITLE NAME Vice-Pres/Sec/Director	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS 7260 SW 108TH TERRACE		STREET ADDRESS Carlos A. Safie	
CITY-ST-ZIP MIAMI FL		CITY-ST-ZIP 6140 W Suburban Drive	
TITLE NAME	<input type="checkbox"/> Delete	TITLE NAME	<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE NAME	<input type="checkbox"/> Delete	TITLE NAME	<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE NAME	<input type="checkbox"/> Delete	TITLE NAME	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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: **JUAN A. GADALA-MARIA** **4/27/00** **(305) 884-0989**
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #
PRESIDENT

CR2E034 (9/99)