

FILED
Apr 18, 2003 8:00 am
Secretary of State

04-18-2003 90180 047 ***150.00

FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)

DOCUMENT #	P02000119001
1. Entity Name	
TEXTIPIEL, INC.	

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business		3. Mailing Address	
2930 DAY AVE, APT. N 207		2930 DAY AVE.	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
APT. N 207		APT. N 207	
City & State		City & State	
MIAMI, FL		MIAMI, FL	
Zip	Country	Zip	Country
33133	MIAMI-DADE	33133	MIAMI DADE

DO NOT WRITE IN THIS SPACE

4. FEI Number	Applied For
51-0436907	Not Applicable
5. Certificate of Status Desired	☐ \$8.75 Additional Fee Required

DO NOT WRITE IN THIS SPACE

7. Name and Address of Current Registered Agent

Name	
JOSE MANUEL ROGGIERO NOGALES	
Street Address (P.O. Box Number is Not Acceptable)	
2930 DAY AVE. APT. N 207	
City	Zip Code
MIAMI	FL 33133

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 title if applicable. (NOTE: Registered Agent signature required when reinstating) 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 ☐ \$5.00 May Be Added to Fees
Trust Fund Contribution.

10. OFFICERS AND DIRECTORS

TITLE	PRESIDENT, SECRETARY & TREASURY
NAME	JOSE MANUEL ROGGIERO NOGALES
STREET ADDRESS	2930 DAY AVE. APT. N207
CITY-ST-ZIP	MIAMI, FL. 33133
TITLE	
NAME	
STREET ADDRESS	
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11.

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CITY-ST-ZIP	

DO NOT WRITE IN THIS SPACE

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

Date

Daytime Phone #

04/02/03