

2000 UNIFORM BUSINESS REPORT (UBR)

FILED  
Jan 24, 2000 8:00 am  
Secretary of State  
01-24-2000 90099 033 \*\*\*150.00

DOCUMENT # P98000035438  
Entity Name  
REX FABRICS OF GRANADA PLAZA, INC.

Principal Place of Business  
SOUTHWEST 8TH STREET  
FL 33134  
Mailing Address  
4819 SOUTHWEST 8TH STREET  
MIAMI FL 33134-2522

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



DO NOT WRITE IN THIS SPACE

4. FEI Number 65-0828141  
Applied For  
Not Applicable  
5. Certificate of Status Desired  
\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent  
ALDAMO, RICARDO  
3178 SW 22 TERR  
MIAMI FL 33145  
7. Name and Address of New Registered Agent  
Name  
Street Address (P.O. Box Number is Not Acceptable)  
City FL Zip Code

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  
Signature, typed or printed name of registered agent and title if applicable  
(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

1. OFFICERS AND DIRECTORS		12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D RODRIGUEZ, CARINA N 4819 SOUTHWEST 8TH STREET MIAMI FL 33134 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	D/P Rodriguez, Carina N. 4819 SW 8th St. Miami, FL 33131 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S ALDAMO, RICARDO 4819 SW 8TH ST MIAMI FL 33134 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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3. 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: Ricardo Aldamo  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR  
Date 1/15/00  
Daytime Phone # (305) 448-7651

CR2E034 (9/99)