

# 2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Feb 06, 2003 8:00 am**  
**Secretary of State**

02-06-2003 90121 015 \*\*\*150.00

**DOCUMENT # 391593**



1. Entity Name  
**TERMINAL FABRICS, INC.**

Principal Place of Business  
**120 N.W. 25TH ST.  
MIAMI FL 33127**

Mailing Address  
**120 N.W. 25TH ST.  
P.O. BOX 371190  
MIAMI FL 33137**

2. Principal Place of Business  
**Same AS ABOVE**  
Suite, Apt. #, etc.

3. Mailing Address  
**P.O. Box 330010**  
Suite, Apt. #, etc.

City & State

City & State  
**Coconut Grove FL**

4. FEI Number **59-1404490**

Applied For  
Not Applicable

Zip

Country

Zip  
**33233-0010**

Country

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

## 6. Name and Address of Current Registered Agent

**SAEWITZ, MAX  
120 N W 25TH STREET  
MIAMI FL 33127**

## 7. Name and Address of New Registered Agent

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. 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

**FILE NOW!!! FEE IS \$150.00**

**After May 1, 2003 Fee will be \$550.00**

**\*Make Check Payable to Florida Department of State**

9. Election Campaign Financing  
Trust Fund Contribution. ☐

**\$5.00** May Be Added to Fees

## 10. OFFICERS AND DIRECTORS

TITLE **PDS** ☐ Delete  
NAME **SAEWITZ, MAX PAUL**  
STREET ADDRESS **3635 STEWART AVE**  
CITY-ST-ZIP **COCONUT GROVE FL**

TITLE **VPD** ☒ Delete  
NAME **JEFFREY A. NEVITT**  
STREET ADDRESS **120 N.W. 25 STREET**  
CITY-ST-ZIP **MIAMI FL 33137**

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

## 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
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TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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 Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

**SIGNATURE REQUIRED**  
**MAX SAEWITZ**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

**2/3/03 305-576-7666**

CR2E034 (10/02)