2001 UNIFORM BUSINESS REPORT (UBR)

changed, or on an attachment with an address, with all

SIGNATURE AND TYPED OR PRINTED

SIGNATURE:

FILED Feb 06, 2001 8:00 am Secretary of State **DOCUMENT # 571073** 1. Entity Name STYLE-TEX, INC. 02-06-2001 90268 029 ***150.00 Principal Place of Business Mailing Address 2315 NW 107 AVE #B26 2315 NW 107 AVE #B26 **BOX 72 BOX 72** 617722 MIAMI FL 33172 MIAMI FL 33172 2. Principal Place of Business 3. Mailing Address ಎಇಂಽ N.W. 109 270S N.W. LOG AVE Suite Apt #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE City & State City & State Applied For 4. FEI Number 59-1812161 Fl MIAM MAIN Not Applicable Zip Country _Country \$8.75 Additional 5. Certificate of Status Desired DADE 33142 DADE Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name AZAN, FREDERICK, E N Street Address (P.O. Box Number is Not Acceptable) 2315 NW 107 AVE, #B26 **BOX 72** MIAMI FL 33172 City Zip Code FL 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 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 9. This corporation is eligible to satisfy its Intangible 10. Election Campaign Financing \$5.00 May Be Tax filing requirement and elects to do so. After MAY 1, 2001 Fee will be \$550.00 Trust Fund Contribution. Added to Fees (See criteria on back) \Box Make Check Payable to Department of State OFFICERS AND DIRECTORS 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 TITLE ☐ Delete TITLE Change ☐ Addition AZAN. FREDERICK E N NAME NAME STREET ADDRESS 2315 NW 107 AVE #B26 STREET ADDRESS N.W. 109 AUE CITY-ST-ZIP CITY-ST-ZIP **MIAMI FL 33172** TITLE ☐ Delete Change TITLE Addition AZAN, OLGA J NAME NAME ZZOS N.W. 109 AUE STREET ADDRESS 2315 NW 107 AVE #B26 STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP **MIAMI FL 33172** TITLE ☐ Delete TITLE Change ☐ Addition NAME AZAN, DAVID A NAME 2705 N.W. 109 AVE STREET ADDRESS 2315 NW 107 AVE #B26 STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP FI. 33172 MIAMI FL 33172 TITLE ☐ Delete TITLE Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete TITLE Change ☐ Addition NAME STREET ADDRESS STREET ADDRESS CITY-ST-7IP CITY-ST-ZIP TITLE ☐ Addition ☐ Delete TITLE ☐ Change NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP 13. I hereby certify that the information supplied with his filing do indicated on this report or supplemental report is true and according to the corporation or the receiver or trustee empowered to expend the corporation or the receiver or trustee empowered to expend the corporation or the receiver or trustee empowered to expend the corporation or the receiver or trustee empowered to expend the corporation or the receiver or trustee. es not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information ate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director due this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 11 or Block 12 if