

FILED  
Feb 24, 2002 8:00 am  
Secretary of State

02-24-2002 90002 048 \*\*\*150.00

**FOR PROFIT CORPORATION  
UNIFORM BUSINESS REPORT (UBR)**

DOCUMENT # 637322

1. Entity Name

Terminal Textile Warehouse, Inc. ✓

**DO NOT WRITE IN THIS SPACE**

2. Principal Place of Business

120 N.W. 25 Street

Suite, Apt., etc. PO BOX

37190

3. Mailing Address

120 NW 25 Street

Suite, Apt., etc. PO BOX

37190-Miami 33137

DO NOT WRITE IN THIS SPACE

City & State

Miami, FL

City & State

Miami FL

4. FEI Number

59-1934428

Applied For

Not Applicable

Zip

33127

Country

U.S.A.

Zip

33127

Country

USA

5. Certificate of Status Desired ☐

\$8.75 Additional  
Fee Required

7. Name and Address of Current Registered Agent

Name

MAX SAEWITZ

Street Address (P.O. Box Number is Not Acceptable)

120 N.W. 25th Street

City

Miami

FL

Zip Code

33127

**DO NOT WRITE  
IN THIS SPACE**

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

9. This corporation is eligible to satisfy its Intangible  
Tax filing requirement and elects to do so.  
(See criteria on back) ☐

January 1 - May 1 Fee is \$150.00

After May 1, Fee is \$550.00

Amended UBR is \$61.25

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

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP  
President  
MAX PAUL SAEWITZ  
3635 STEWART AVE  
COCONUT GROVE, FL 33133

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP

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IN THIS SPACE**

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 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 #

CR2E034B (12/01)