FILED
Apr 30, 2003 8:00 am
Secretary of State
04-30-2003 90146 031 ***150.00

FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # 637322

0000037U

1. Entity Name: TERMINAL TEXTILE WAREHOUSE, INC.

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business: 120 NW 25th STREET
Suite, Apt. #, etc.
City & State: MIAMI, FL
Zip: 33127 Country: U.S.A.

3. Mailing Address: PO BOX 330010
Suite, Apt. #, etc.
City & State: COCONUT GROVE, FL
Zip: 33233-0010 Country: U.S.A.

DO NOT WRITE IN THIS SPACE

4. FEI Number: 59-1934428 ☐ Applied For ☐ Not Applicable

6. Certificate of Status Desired ☐ $8.75 Additional Fee Required

DO NOT WRITE IN THIS SPACE

7. Name and Address of Current Registered Agent
Name: MAX PAUL SAEWITZ
Street Address (P.O. Box Number is Not Acceptable): 3635 STEWART AVENUE
City: MIAMI, FL FL Zip Code: 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 Trust Fund Contribution. ☐ $5.00 May Be Added to Fees

10. OFFICERS AND DIRECTORS

TITLE	PDS	TITLE	
NAME	MAX PAUL SAEWITZ	NAME	
STREET ADDRESS	3635 STEWART AVE.	STREET ADDRESS	
CITY - ST - ZIP	MIAMI, FL 33133	CITY - ST - ZIP	
TITLE		TITLE	
NAME		NAME	
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CR2E034B (12/02)

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] MAX PAUL SAEWITZ 04-28-03
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

STF FL32381F.1