

2001 UNIFORM BUSINESS REPORT (UBR)**DOCUMENT # F00000003703**1. Entity Name
TEXTILESINTERNET, INC.**FILED**
Mar 01, 2001 8:00 am
Secretary of State

03-01-2001 90059 005 ***150.00

Principal Place of Business
4770 BISCAYNE BLVD. SUITE 700
MIAMI FL 33137Mailing Address
4770 BISCAYNE BLVD. SUITE 700
MIAMI FL 33137

164030

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEJ Number **APPLIED FOR**
65-1015144

Applied For

Not Applicable

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

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

BRITO, LEONARDO F
4770 BISCAYNE BLVD, SUITE 700
MIAMI FL 33137

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.

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, 2001 Fee will be \$550.00
Make Check Payable to Department of State10. Election Campaign Financing
Trust Fund Contribution. ☐ **\$5.00 May Be**
Added to Fees

11. OFFICERS AND DIRECTORS

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	<input type="checkbox"/> Delete
	P			
	TAMES, ALFONSO			
	VILLA ESCORIAL #7 PASEOS DE LAS PALMAS			
	HUIXQUILUCAN MEXICO 52788			
	V			
	MENENDEZ, CARLOS			
	3926 194TH LANE			
	SUNNY ISLES BEACH FL 33160			
	S			
	OBREGON, ANDRES			
	PASEO DE PROMAVERAS 144 BOSQUE DE LASLOMAS			
	MEXICO CITY, MEXICO 05000			
	T			
	KALCH, DANIEL			
	BOSQUES DE REFORMA #715 BOSQUES DE LA LOMA			
	MEXICO CITY, MEXICO 11700			

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	<input type="checkbox"/> Change	<input type="checkbox"/> Addition

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 Block 12 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: *Carlos M. Menendez* **CARLOS M. MENENDEZ**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

305-961-3900 **2/22/01**

CR2E034 (10/00)