## 2000 UNIFORM BUSINESS REPORT (UBR)

## FILED Feb 07, 2000 8:00 am **DOCUMENT # F00626** Secretary of State CARMEL TEXTILES, INC. 02-07-2000 90002 031 \*\*\*150.00 Mailing Address Principal Place of Business 171 SE 10TH AVENUE 171 SE 10TH AVENUE HIALEAH FL 33010-5535 HIALEAH FL 33010 80009020 3. Mailing Address 2. Principal Place of Business Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE Suite, Apt. #, etc. Applied For City & State City & State 4. FEI Number 59-2023107 Not Applicable Country \$8.75 Additional Zip Country 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name STARK, ALAN Street Address (P.O. Box Number is Not Acceptable) 6363 SW 132ND ST. **MIAMI FL 33156** Zip Code City 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 (NOTE: Registered Agent signature required when reinstating) Signature, typed or printed name of registered agent and title if applicable. FILE NOW!!! FEE IS \$150.00 9. This corporation is eligible to satisfy its Intangible 10. Election Campaign Financing \$5.00 May Be After MAY 1, 2000 Fee will be \$550.00 Tax filing requirement and elects to do so. Trust Fund Contribution. Added to Fees Make Check Payable to Department of State (See criteria on back) ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 OFFICERS AND DIRECTORS 11. ☐ Delete ☐ Change ☐ Addition VTS TITLE TITLE STARK, ALAN NAME NAME STREET ADDRESS **6363 SW 132BD STREET** STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP MIAMI FL 33156 ☐ Change ☐ Addition ☐ Delete TITLE STARK, STEVE NAME STREET ADDRESS STREET ADDRESS 6753 SW 138 ST CITY-ST-7IP CITY-ST-ZIP MIAMI FL 33158 ☐ Addition Change TITLE Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Change Addition TITLE ☐ Delete NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete TITLE Change ■ Addition TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-7IP ☐ Change ☐ Addition ☐ Delete TITLE TITLE NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-7IP

**SIGNATURE:** 

13. I hereby certify that the information supplied with this filling 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.