

2000 UNIFORM BUSINESS REPORT (UBR)**FILED****Feb 01, 2000 8:00 am**
Secretary of State

02-01-2000 90022 043 ***150.00

DOCUMENT # F62226

1. Entity Name

AMERICAN RAGS AND CLOTHING CORPORATION

Principal Place of Business

11011 NW 58 TERR.
MIAMI FL 33178
US

Mailing Address

11011 NW 58 TERR.
MIAMI FL 33178-2809
US**707058**

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

8566 N.W. 61 ST.
Suite, Apt. #, etc.

3. Mailing Address

Suite, Apt. #, etc.

City & State

Miami, FL

City & State

4. FEI Number **59-2178573**Applied For
Not Applicable

Zip

33166

Country

USA

Zip

Country

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

6. Name and Address of Current Registered Agent

MARTINEZ, NELSON
11011 NW 58 TERR.
MIAMI FL 33178

7. Name and Address of New Registered Agent

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, 2000 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

TITLE	PD	<input type="checkbox"/> Delete
NAME	MARTINEZ, NELSON	
STREET ADDRESS	11011 NW 58TH TERR.	
CITY-ST-ZIP	MIAMI FL 33178	
TITLE	VS	<input type="checkbox"/> Delete
NAME	MARTINEZ, GLADYS	
STREET ADDRESS	11011 NW 58 TERR.	
CITY-ST-ZIP	MIAMI FL 33198	
TITLE	T	<input type="checkbox"/> Delete
NAME	MARTINEZ, JEANNIE	
STREET ADDRESS	11011 NW 58 TERR.	
CITY-ST-ZIP	MIAMI FL 33178	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
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CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

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

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:

Nelson Martinez
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #