

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # F99000000800

1. Entity Name

GLENOIT CORPORATION

FILED
Feb 11, 2000 8:00 am
Secretary of State

02-11-2000 90035 015 ***150.00

Principal Place of Business

Mailing Address

4875 NW 77TH AVE
MIAMI FL 33166

4875 NW 77TH AVE
MIAMI FL 33166-5522

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Tarboro, NC

Zip

Country

Zip

Country

27886

4. FEI Number 13-3862561

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required



DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

GREENFIELD, ALAN E
2600 DOUGLAS ROAD, SUITE 911
CORAL GABLES FL 33134

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 State

10. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

11. OFFICERS AND DIRECTORS

TITLE D ☐ Delete
NAME MUQADDAM, SALEEM
STREET ADDRESS 399 PARK AVE.
CITY-ST-ZIP NEW YORK NY 10043

TITLE DP ☐ Delete
NAME O'GORMAN, THOMAS J
STREET ADDRESS 111 WEST 40TH STREET
CITY-ST-ZIP NEW YORK NY 10018

TITLE D ☐ Delete
NAME O'MARA, JOHN M
STREET ADDRESS 399 PARK AVE.
CITY-ST-ZIP NEW YORK NY 10043

TITLE D ☐ Delete
NAME SILVESTRI, JOE
STREET ADDRESS 399 PARK AVE.
CITY-ST-ZIP NEW YORK NY 10043

TITLE VS ☐ Delete
NAME SEARS, LESTER D
STREET ADDRESS 3001 MAIN STREET
CITY-ST-ZIP TARBORO NC 27886

TITLE T ☐ Delete
NAME CRISP, WILLIAM R
STREET ADDRESS 3001 MAIN STREET
CITY-ST-ZIP TARBORO NC 27886

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

☐ Change ☐ Addition

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
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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:

SIGNATURE REQUIRED
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/21/00

(252)823-2124

Date

Daytime Phone #