

# 2000 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Mar 08, 2000 8:00 am**  
**Secretary of State**  
 03-08-2000 90041 006 \*\*\*158.75

**DOCUMENT # G10115**

1. Entity Name

**ARTEX KNITTING MILLS, INC.**

Principal Place of Business

Mailing Address

8545 NW 166 TERRACE  
 MIAMI LAKES FL 33016

8545 NW 166 TERRACE  
 MIAMI LAKES FL 33016-6168

2. Principal Place of Business

3. Mailing Address

**225 W 74 PL**

**225 W 74 PL**

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

**HALEAH, FL**

**HALEAH, FL**

Zip

Country

**33014**

**U.S.**

Zip

Country

**33014**

**U.S.**

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**ALONSO, ARTURO**  
**8545 N. W. 166TH TERRACE**  
**MIAMI LAKES FL 33016**

Name **LEONARDO FIGUEROA**

Street Address (P.O. Box Number is Not Acceptable)

**815 W. 72 ST**

City

**HALEAH**

FL

Zip Code

**33014**

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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	PD	<input checked="" type="checkbox"/> Delete
NAME	ALONSO, ARTURO F	
STREET ADDRESS	1000 EAST 23RD ST	
CITY-ST-ZIP	HALEAH, FL 00000	
TITLE	D	<input checked="" type="checkbox"/> Delete
NAME	ALONSO, ZOILA E	
STREET ADDRESS	1000 EAST 23RD ST	
CITY-ST-ZIP	HALEAH, FL 00000	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE		<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	P/D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	LEONARDO FIGUEROA	
STREET ADDRESS	815 W 72 ST	
CITY-ST-ZIP	HALEAH, FL 33014	
TITLE	VP/T/S/D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	MARLENE E. FIGUEROA	
STREET ADDRESS	815 W 72 ST	
CITY-ST-ZIP	HALEAH, FL 33014	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

**LEONARDO FIGUEROA 3/2/2000**

CR2E034 (9/99)