

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Jan 27, 2003 8:00 am
Secretary of State

01-27-2003 90315 007 ***150.00

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DOCUMENT # H17979

1. Entity Name
INTERCONTINENTAL TEXTILES CORPORATION



Principal Place of Business

**3405 NW 9TH AVENUE
SUITE 1208
FORT LAUDERDALE FL 33309
US**

Mailing Address

**3405 NW 9TH AVENUE
SUITE 1208
FORT LAUDERDALE FL 33309
US**

2. Principal Place of Business

703 AVOCET ROAD

Suite, Apt. #, etc.

3. Mailing Address

1121 SO. MILITARY TRAIL

Suite, Apt. #, etc.

NO. 377

City & State

DELRAY BEACH, FLORIDA

Zip

33444

Country

PBA

City & State

DEERFIELD BEACH, FLORIDA

Zip

33442

Country

BROWARD

4. FEI Number

65-0018058

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75 Additional
Fee Required**

☐ CHECK HERE IF MAKING CHANGES



6. Name and Address of Current Registered Agent

**KAPLAN, ERIC J.
9200 S DADELAND BLVD
STE 619
MIAMI FL 33156**

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

**FILE NOW!!! FEE IS \$150.00
After May 1, 2003 Fee will be \$550.00
Make Check Payable to Florida Department of State**

9. Election Campaign Financing
Trust Fund Contribution. ☐

**\$5.00 May Be
Added to Fees**

10. OFFICERS AND DIRECTORS

TITLE **AS** ☐ Delete
NAME **KAPLAN, ERIC J**
STREET ADDRESS **9200 S DADELAND BLVD STE 619**
CITY-ST-ZIP **MIAMI FL 33156**

TITLE **P** ☐ Delete
NAME **COVINGTON, DEANA L**
STREET ADDRESS **3405 NW 9TH AVENUE, SUITE 1208**
CITY-ST-ZIP **FORT LAUDERDALE FL**

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

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

TITLE **P** ☒ Change ☐ Addition
NAME **COVINGTON, DEANA L**
STREET ADDRESS **1121 SO. MILITARY TRAIL #377**
CITY-ST-ZIP **DEERFIELD BEACH, FLORIDA 33442**

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

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

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

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

12. 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 10 or Block 11 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

Date

Daytime Phone #

1-10-03

CR2E034 (10/02)