

**FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

FILED
Apr 28, 2005 08:00 AM
Secretary of State

AT:

DOCUMENT # K88413	
1. Entity Name	
CONCEPCION WHOLESALE FABRICS INC	

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business 1671 W 37TH ST Suite, Apt. #, etc. E-26 City & State HIALEAH, FL Zip 33012-4652		3. Mailing Address SAME Suite, Apt. #, etc. SAME City & State SAME Zip SAME Country USA	
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DO NOT WRITE IN THIS SPACE

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		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
		7. Name and Address of Current Registered Agent	
		Name OSVALDO CONCEPCION JR Street Address (P.O. Box Number is Not Acceptable) 760 NW 135CT City MIAMI FL Zip Code 33182	

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

January 1 - May 1 Fee is \$150.00

After May 1, Fee is \$550.00

Amended UBR is \$61.25

Make Check Payable to Florida Department of State

9. Election Campaign Financing ☐ \$5.00 May Be Added to Fees
Trust Fund Contribution.

10. OFFICERS AND DIRECTORS		11.	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D CONCEPCION OSVALDO JR 760 NW 135 CT MIAMI FL 33182	TITLE NAME STREET ADDRESS CITY-ST-ZIP	U01000339505 04/28/05-80075-025 150.00
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D LARITZA BARBOSA 648 NW 135 CT MIAMI FL 33182	TITLE NAME STREET ADDRESS CITY-ST-ZIP	
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12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(l), 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 on an attachment with an address, with all other like empowered.

SIGNATURE:  **OSVALDO CONCEPCION JR PRESIDE** **4/22/2005** **305-827-0707**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #