

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

FILED ATX1
Feb 15, 2007 08:00 A
Secretary of State

DOCUMENT # K88413	
1. Entity Name	
CONCEPCION WHOLESALE FABRICS INC	

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business 1691 W 37TH ST Suite, Apt. #, etc. 126 City & State HIALEAH, FL Zip 33012-4652		3. Mailing Address Suite, Apt. #, etc. City & State Zip Country USA	
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DO NOT WRITE IN THIS SPACE

4. FEI Number 65-0119740		Applied For <input checked="" type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required	

**DO NOT WRITE
IN THIS SPACE**

7. Name and Address of Current Registered Agent

Name CONCEPCION. OSVALDO JR	
Street Address (P.O. Box Number is Not Acceptable) 760 NW 135CT	
City MIAMI	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**

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	D P CONCEPCION. OSVALDO JR 760 NW 135 CT MIAMI FL 33182
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D BARBOSA, LARITZA 648 NW 135 CT MIAMI FL 33182
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11.

TITLE NAME STREET ADDRESS CITY-ST-ZIP	000000638511 02/26/07-80018-025-150.00
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IN THIS SPACE**

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.

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

OSVALDO CONCEPCION JR PRESIDE

1/19/2007

Date

305-827-0707

Daytime Phone #