

2000 UNIFORM BUSINESS REPORT (UBR)

FILED

Sep 05, 2000 08:00 AM
Secretary of State

DOCUMENT # L99000005997

1. Entity Name
DIRECT APPAREL FACTORIES INTERNATIONAL TRADE, L.L.C.

Principal Place of Business
4943 ACORN DRIVE
BOCA RATON FL 33487

Mailing Address
4943 ACORN DRIVE
BOCA RATON FL 33487

2. Principal Place of Business
10010 NW 44 TH TERRACE

3. Mailing Address
10010 NW 44 TH TERRACE

Suite, Apt. #, etc.
SUITE 109

Suite, Apt. #, etc.
SUITE 109

City & State
MIAMI FL

City & State
MIAMI FL

Zip
33178

Country

Zip
33178

Country

4. FEI Number
65-0949739

Applied For
Not Applicable

5. Certificate of Status Desired ☒ \$5.00 Additional Fee Required

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

CUEVAS ANDREW
9200 S. DADELAND BLVD., STE 603

MIAMI FL
33156 US

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.

SIGNATURE

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

(NOTE: Registered Agent signature required when reinstating)

09/05/2000

DATE

FILE NOW!!! FEE IS \$50.00
Make Check Payable to Department of State

9. MANAGING MEMBERS/MEMBERS

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

MGRM
CONIZA LTDA
4943 ACORN DRIVE
BOCA RATON FL

☒ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

MGRM
CRECIONES ESTILOS LTDA
4943 ACORN DRIVE
BOCA RATON FL

☒ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

MGRM
TEXTILES DEL CAUCA S.A.
4943 ACORN DRIVE
BOCA RATON FL

☒ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

MGRM
CONFECCIONES PIETRI LTDA
4943 ACORN DRIVE
BOCA RATON FL

☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

MGRM
COMERCIALIZADORA INTERNACIONAL SPATARO
4943 ACORN DRIVE
BOCA RATON FL

☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ Delete

10. ADDITIONS/CHANGES

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

MGRM
GUTIERREZ LUCY SECRET
10010 NW 44 TH TERRACE SUITE 109
MIAMI FL 33178

☒ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

MGRM
SUAREZ MARIO EPRESIDE
10010 NW 44 TH TERRACE SUITE 109
MIAMI FL 33178

☒ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ Change ☐ Addition

11. 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 is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am a managing member or manager of the limited liability company or the receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.