

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # L99000005997

1. Entity Name

DIRECT APPAREL FACTORIES INTERNATIONAL TRADE, L.

Principal Place of Business

10010 NW 44 TH TERRACE
SUITE 109
MIAMI FL 33178

Mailing Address

10010 NW 44 TH TERRACE
SUITE 109
MIAMI FL 33178

2. Principal Place of Business

5430 NW 114 Ave.

Suite, Apt. #, etc.
#304

City & State
Miami Florida

Zip
33178

Country
USA

3. Mailing Address

5430 NW 114 Ave.

Suite, Apt. #, etc.
#304

City & State
Miami Florida

Zip
33178

Country
USA



DO NOT WRITE IN THIS SPACE

4. FEI Number

65-0949739

Applied For

Not Applicable

5. Certificate of Status Desired

☒

\$5.00 Additional
Fee Required

6. Name and Address of Current Registered Agent

CUEVAS, ANDREW
9200 S. DADELAND BLVD., STE 603
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.

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 \$50.00
Make Check Payable to Department of State
Due By September 26, 2001

200004614372--1
-09/27/01--01089--012
*****55.00 *****55.00

9. MANAGING MEMBERS/MANAGERS

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
MGRM
SUAREZ, MARIO E PRESIDE
10010 NW 44 TH TERRACE SUITE 109
MIAMI FL 33178

☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
MGRM
GUTIERREZ, LUCY SECRET
10010 NW 44 TH TERRACE SUITE 109
MIAMI FL 33178

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TITLE
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STREET ADDRESS
CITY-ST-ZIP

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10. ADDITIONS/CHANGES

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ Change ☐ Addition

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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.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

09/18/2001 305-5913923

Date

Daytime Phone #

STAPLE CHECK HERE

CR2E083 (5/01)