

# 2002 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**May 02, 2002 8:00 am**  
**Secretary of State**

05-02-2002 90151 001 \*\*\*150.00

**DOCUMENT # M20255**

1. Entity Name  
**INTERNATIONAL HOME TEXTILES, INC.**

Principal Place of Business

**14652 BISCAYNE BLVD.  
P.O. BOX 640764  
N. MIAMI FL 33181**

Mailing Address

**19401 W. DIXIE HWY  
P.O. BOX 640764  
MIAMI FL 33801  
US**

2. Principal Place of Business

**19401 W.DIXIE HWY**

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

**MIAMI FL**

City & State

4. FEI Number

**59-2572586**

Applied For

Not Applicable

Zip

**33180**

Country

**MIA-DADE**

Zip

Country

5. Certificate of Status Desired ☐

**\$8.75** Additional  
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**GROSFELD, SALO  
14652 BISCAYNE BLVD.  
N. MIAMI FL 33181**

ONLY THE ADDRESS

Name

Street Address (P.O. Box Number is Not Acceptable)

**19401 W DIXIE HWY**

City

**MIAMI**

**33**

**FL**

Zip Code  
**33180**

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

9. This corporation is eligible to satisfy its Intangible  
Tax filing requirement and elects to do so.  
(See criteria on back) ☐

**FILE NOW!!! FEE IS \$150.00  
After May 1, 2002 Fee will be \$550.00  
Make Check Payable to Department of State**

10. Election Campaign Financing  
Trust Fund Contribution. ☐

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

11. OFFICERS AND DIRECTORS

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ☐ Delete  
NAME **DP**  
STREET ADDRESS **GROSFELD, SALO**  
CITY-ST-ZIP **20641 N.E. 7TH COURT ONLY THE ADDRESS  
N. MIAMI FL**

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS **19401 W .DIXIE HWY**  
CITY-ST-ZIP **MIAMI FL 33180**

TITLE ☐ Delete  
NAME **D**  
STREET ADDRESS **GROSFELD, JAIME**  
CITY-ST-ZIP **14652 BISCAYNE BLVD. ONLY THE ADDRESS  
MIAMI FL**

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS **13390 BISCAYNE BAY DR.**  
CITY-ST-ZIP **MIAMI FL 33181**

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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

13. 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 reports 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 11 or Block 12 if changed, or on an attachment with an address, and another like empowered.

SIGNATURE:

**SIGNATURE REQUIRED**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (9/01)