

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
May 28, 2002 8:00 am
Secretary of State

05-28-2002 91634 019 ***550.00

DOCUMENT # M46742

1. Entity Name

INTERNATIONAL TERRY PRODUCTS, INC.

Principal Place of Business

C/O SALO GROSFELD

14652 BISCAYNE BLVD.

N. MIAMI BEACH FL 33181

Mailing Address

19401 W. DIXIE HWY

14652 BISCAYNE BLVD.

MIAMI FL 33180

US

2. Principal Place of Business

19401 W DIXIE HWY

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

MIAMI

City & State

4. FEI Number

59-2769698

Applied For

Not Applicable

Zip

33180

Country

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 BEACH FL 33181

ONLY THE ADDRESS

Name

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

19401 W DIXIE HWY

City **MIAMI**

33180 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 **D**
STREET ADDRESS **GROSFELD, SALO**
CITY-ST-ZIP **14652 BISCAYNE BLVD. ONLY THE ADDRESS**
N. MIAMI BEACH 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**
N. MIAMI BEACH 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
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TITLE ☐ Change ☐ Addition
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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 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 11 or Block 12 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

5/9/02

Date

Daytime Phone #

CP2E034 (9/01)