## 2000 UNIFORM BUSINESS REPORT (UBR)

## M98000001076 DOCUMENT # 1. Entity Name NORTH AMERICAN TEXTILE CO., LLC 00 APR 18 AMII: 58 SECRETARY OF STATE Principal Place of Business Mailing Address TALLAHASSEE, FLORIDA 6700 N.W. 37TH AVENUE 6700 N.W. 37TH AVENUE MIAMI FL 33147 MIAMI FL 33147-6510 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE MMM4. FEI Number Applied For City & State City & State 95-4293102 Not Applicable Country Żip \$5.00 Additional Zip Country 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent Name ARSLANIAN, ESTEBAN Street Address (P.O. Box Number is Not Acceptable) 6700 N.W. 37TH AVENUE **MIAMI FL 33147** 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 DATE Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) FILE NOW!!! FEE IS \$50.00 Make Check Pavable to Department of State ADDITIONS/CHANGES MANAGING MEMBERS/MEMBERS 10. Addition MGRM TITLE ☐ Change TITLE Delete arslanian. Esteban e NAME NAME 346 W. CERRITOS AVENUE STREET ADDRESS STREET ADDRESS **GLENDALE CA 91204** CITY-ST-ZIP CITY- ST- ZIP Addition ☐ Delete ☐ Change TITLE NAME ARSLANIAN, JUAN NAME 346 W. CERRITOS AVENUE STREET ADDRESS STREET SORRESS CITY- 8T- 21P C1TY- 21-71P **GLENDALE CA 91204** TITLE TITLE ... Delete NAME ARSLANIAN, ESTERAN NAME STREET ADDRESS STREET ADDRESS 6700 N.W. 37TH AVENUE CITY-8T-ZIP CITY- ST- 7IP **MIAMI FL 33147** ☐ Change Addition Delete TITLE MGRM TITLE MAME ARSLANIAN, ARMANDO STREET ADDRESS 346 W. CERRITOS AVENUE STREET ADDRESS CITY-ST-ZIP CITY- ST- ZIP **GLENDALE CA 91204** Change Addition TITLE **MGRM** C Delete TITLE ARSLANIAN, CARLOS NAME NAME 346 W. CERRITOS AVE. STREET ADDRESS STREET ADDRESS CITY-ST-ZIP **GLENDALE CA 91204** CITY- \$T-7IP ☐ Addition Delete TITLE ☐ Change TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP 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 received or trustee employeded to execute this report as required by Chapter 608, Florida Statutes.

SIGNATURE AND TYPED OF PRINTED NAME OF SIGNING MANAGING MEMBER OR MANAGER

SIGNATURE:

APPROVED