

2001 UNIFORM BUSINESS REPORT (UBR)

0027981 AF

DOCUMENT # M98000001076

1. Entity Name

NORTH AMERICAN TEXTILE CO., LLC

FILED

01 FEB -7 PM 4:00

SECRETARY OF STATE
TALLAHASSEE, FLORIDA



Principal Place of Business

6700 N.W. 37TH AVENUE
MIAMI FL 33147

Mailing Address

6700 N.W. 37TH AVENUE
MIAMI FL 33147

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

95-4293102

Applied For

Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired ☐

\$5.00 Additional
Fee Required

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

ARSLANIAN, ESTEBAN
6700 N.W. 37TH AVENUE
MIAMI FL 33147

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 of person or persons 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

9. MANAGING MEMBERS/MEMBERS

10. ADDITIONS/CHANGES

TITLE MGRM
NAME ARSLANIAN, ESTEBAN E
STREET ADDRESS 346 W. CERRITOS AVENUE
CITY-ST-ZIP GLENDALE CA 91204 ☐ Delete

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

TITLE MGRM
NAME ARSLANIAN, JUAN
STREET ADDRESS 346 W. CERRITOS AVENUE
CITY-ST-ZIP GLENDALE CA 91204 ☐ Delete

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

TITLE MGRM
NAME ARSLANIAN, ESTERAN
STREET ADDRESS 6700 N.W. 37TH AVENUE
CITY-ST-ZIP MIAMI FL 33147 ☐ Delete

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

TITLE MGRM
NAME ARSLANIAN, ARMANDO
STREET ADDRESS 346 W. CERRITOS AVENUE
CITY-ST-ZIP GLENDALE CA 91204 ☐ Delete

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

TITLE MGRM
NAME ARSLANIAN, CARLOS
STREET ADDRESS 346 W. CERRITOS AVE.
CITY-ST-ZIP GLENDALE CA 91204 ☐ Delete

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

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

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.

SIGNATURE:

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

Date

Daytime Phone #

CR2E083 (11/00)