

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Feb 04, 2002 8:00 am
Secretary of State

02-04-2002 90108 028 ****50.00

DOCUMENT # M98000001076

1. Entity Name

NORTH AMERICAN TEXTILE CO., LLC

Principal Place of Business

**6700 N.W. 37TH AVENUE
MIAMI FL 33147**

Mailing Address

**6700 N.W. 37TH AVENUE
MIAMI FL 33147**

916623

2. Principal Place of Business

Suite, Apt. #, etc.

City & State

Zip

Country

3. Mailing Address

Suite, Apt. #, etc.

City & State

Zip

Country

4. FEI Number **95-4293102**

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$5.00 Additional
Fee Required**

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, 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 May 1, 2002**

9. MANAGING MEMBERS/MANAGERS

10. ADDITIONS/CHANGES

TITLE	MGRM	<input type="checkbox"/> Delete
NAME	ARSLANIAN, ESTEBAN E	
STREET ADDRESS	346 W. CERRITOS AVENUE	
CITY-ST-ZIP	GLENDAL CA 91204	
TITLE	MGRM	<input type="checkbox"/> Delete
NAME	ARSLANIAN, JUAN	
STREET ADDRESS	346 W. CERRITOS AVENUE	
CITY-ST-ZIP	GLENDAL CA 91204	
TITLE	MGRM	<input type="checkbox"/> Delete
NAME	ARSLANIAN, ESTERAN	
STREET ADDRESS	6700 N.W. 37TH AVENUE	
CITY-ST-ZIP	MIAMI FL 33147	
TITLE	MGRM	<input type="checkbox"/> Delete
NAME	ARSLANIAN, ARMANDO	
STREET ADDRESS	346 W. CERRITOS AVENUE	
CITY-ST-ZIP	GLENDAL CA 91204	
TITLE	MGRM	<input type="checkbox"/> Delete
NAME	ARSLANIAN, CARLOS	
STREET ADDRESS	346 W. CERRITOS AVE.	
CITY-ST-ZIP	GLENDAL CA 91204	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
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TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
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 receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.

SIGNATURE: [Signature]

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

Date

Daytime Phone #

CR2E083 (9/01)