

2002 UNIFORM BUSINESS REPORT (UBR)

015707 AV

DOCUMENT # P00000030294

1. Entity Name
KNIT TRENDS DISTRIBUTORS, INC.

FILED

02 JUN 19 AM 11:08

SECRETARY OF STATE
TALLAHASSEE, FLORIDA



DO NOT WRITE IN THIS SPACE

Principal Place of Business
12009 NW 13 STREET
PEMBROKE PINES FL 33026

Mailing Address
12009 NW 13 STREET
PEMBROKE PINES FL 33026

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number 65-0993558

Applied For
Not Applicable

Zip

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

ARROM, ORLANDO
10556 NW 26 STREET STE 203
MIAMI FL 33172

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

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 D
NAME RODRIGO, OLINDA E
STREET ADDRESS 12009 NW 13 STREET
CITY-ST-ZIP PEMBROKE PINES FL 33026

☐ Delete

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☐ Change ☐ Addition

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

Date

Daytime Phone #

6/12/02 954-926-4554

CR2E034 (9/01)

Attachment

KNIT TRENDS DIST. INC.

12009 N.W. 13 Street
Pembroke Pines, FL 33026

June 12th, 2002

Department of State
Division of Corporations
Uniform Business Report Filings
P.O. Box 1500
Tallahassee, FL 32302-1500

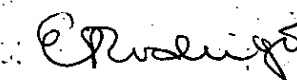
Ref.: Document # P00000030294

Dear Sirs,

Please take note that due to my bad health situation during the past 6 months, I involuntary misplaced this form, I got confused and I could not file this form on time because I did not have enough money to pay, at the beginning of May I have called your 800 number and I explained the same, but I was informed that I need to pay the amount of \$ 550.00 or present a medical certificate stating that I was sick since January 1st, I am not able to do that at this time, but I implore to your kindness, and ask you to take into consideration that this company I own, was not functioning during the past 2 years for instance I got no income or profit revenues, and that in order to submit the \$ 550.00 due, for late filing, I needed to get the money from a credit card. At this moment I cannot dissolve or withdraw the company since its creation was funded by a third person, and I will have to pay her all the fees filed during the past 2 years.

Kindly see the possibility of reducing the amount for late filing and return to me the amount you consider fair.

Yours truly,



Elizabeth Rodrigo

Owner

Tel. 954-9269-4554