

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 11, 2003 8:00 am
Secretary of State

04-11-2003 90081 024 ***150.00

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DOCUMENT # P00000030294

1. Entity Name
KNIT TRENDS DISTRIBUTORS, INC.



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
3733 SW 49 PLACE
Suite, Apt. #, etc.

3. Mailing Address
3733 SW 49 PLACE
Suite, Apt. #, etc.



☐ CHECK HERE IF MAKING CHANGES

City & State
FT. LAUDERDALE, FL

City & State
FT. LAUDERDALE - FL

4. FEI Number
65-0993558

Applied For
☐ Not Applicable

Zip
33312 Country
US

Zip
33312 Country
US

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. I am familiar with, and accept the obligations of registered agent.

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 \$150.00
After May 1, 2003 Fee will be \$550.00
Make Check Payable to Florida Department of State**

9. Election Campaign Financing
Trust Fund Contribution. ☐ **\$5.00 May Be Added to Fees**

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE: **D** ☒ Delete
NAME: **RODRIGO, OLINDA E**
STREET ADDRESS: **12009 NW 13 STREET**
CITY-ST-ZIP: **PEMBROKE PINES FL 33026**

TITLE: **D** ☒ Change ☐ Addition
NAME: **RODRIGO OLINDA E.**
STREET ADDRESS: **3733 SW 49 PLACE**
CITY-ST-ZIP: **FT. LAUDERDALE, FL 33312**

TITLE: **D** ☐ Delete
NAME: **RODRIGO OLINDA E.**
STREET ADDRESS: **3733 SW 49 PLACE**
CITY-ST-ZIP: **FT. LAUDERDALE, FL 33312**

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

12. 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: **RODRIGO OLINDA E. RODRIGUEZ**

Date: **4/9/03** Daytime Phone #: **954-926-4554**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E034 (10/02)