

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
May 27, 2002 8:00 am
Secretary of State

05-27-2002 90345 010 ***150.00

DOCUMENT # P00000057835

1. Entity Name

ALLIANCE TEXTILES, INC.

Principal Place of Business

Mailing Address

**445 DOUGLAS AVE STE 2155-26
 ALTAMONTE SPRINGS FL 34714**

**445 DOUGLAS AVE STE 2155-26
 ALTAMONTE SPRINGS FL 34714**

2. Principal Place of Business

3. Mailing Address

620 Douglas Ave

620 Douglas Ave

Suite, Apt. #, etc.

Suite, Apt. #, etc.

Suite 1304

Suite 1304

City & State

City & State

Altamonte Springs, FL

Altamonte Springs FL

Zip

Country

Zip

Country

32714

USA

32714

USA

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

CARRION, JULIO R

**600 N THACKER AVE STE C-15
 KISSIMMEE FL 34741**

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** ☐ Delete
 NAME **RODRIGUEZ, EDGARDO**
 STREET ADDRESS **445 DOUGLAS AVE STE 2155-26**
 CITY-ST-ZIP **ALTAMONTE SPRINGS FL 34714**

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

TITLE ☐ Delete
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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:

Edgardo Rodriguez **4/30/02** **407-682-6266**
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (9/01)