FILED

## 2002 UNIFORM BUSINESS REPORT (UBR)

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

## Jan 30, 2002 8:00 am Secretary of State P00000075922 DOCÚMENT # 1. Entity Name B & B TEXTILES OUTLET, INC. 01-30-2002 90043 027 \*\*\*150.00 Principal Place of Business Mailing Address 4335 SW 72ND AVENUE 4335 SW 72ND AVENUE MIAMI FL 33155 MIAMI FL 33155 2. Principal Place of Business 3. Mailing Address 4325 S.W. 72ND. AVE. 4325 S.W. 72ND AVE Šuite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE City & State City & State 4. FEI Number Applied For 65-1031356 Not Applicable Zip Zip Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent BARCELO LOPEZ, ANTONIO R CPA 782 NW LE JEUNE RD SUITE 434 MIAMI FL 33126 ment for the purpose of changing its registered office or registered agent, or both, in the State of Florida HUMBERTO agent and title if applicable FILE NOW!!! FEE IS \$150.00 9. This corporation is eligible to satisfy its Intangible 10. Election Campaign Financing \$5.00 May Be Tax filing requirement and elects to do so. After May 1, 2002 Fee will be \$550.00 Trust Fund Contribution. Added to Fees (See criteria on back) Make Check Payable to Department of State OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 11. 12. TITLE Delete TITLE ☐ Addition BARCELO, HUMBERTO H NAME NAME 9361 SW 69TH STREET STREET ADDRESS STREET ADDRESS **MIAMI FL 33173** CITY-ST-ZIP CITY-ST-ZIP TITLE Delete TITLE ☐ Addition BENTLEY, DAVID NAME NAME 1121 ROME STREET #404 STREET ADDRESS STREET ADDRESS **CARROLLTON GA 30117** CITY-ST-ZIP CITY-ST-ZIP ☐ Delete TITLE Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Change ☐ Addition TITLE ☐ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete TITLE Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-7IP CITY-ST-ZIP 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 employeed to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 11 or Block 12 if

DIRECTOR BARCELO 1/11/02