

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P00000111933

1. Entity Name

REPRESENTACIONES TECNICAS TEXTILES, INC.

FILED
Apr 27, 2001 8:00 am
Secretary of State

04-27-2001 90274 011 ***150.00

Principal Place of Business

1101 BRICKELL AVENUE SUITE 1100
MIAMI FL 33131

Mailing Address

1101 BRICKELL AVENUE SUITE 1100
MIAMI FL 33131

LUUJ364U

2. Principal Place of Business

Suite, Apt. #, etc.

City & State

Zip

Country

3. Mailing Address

Suite, Apt. #, etc.

City & State

Zip

Country

17092 Collins Av. Apt. C-201

Apt. C-201

Miami-Florida

33160

U.S.A



DO NOT WRITE IN THIS SPACE

4. FEI Number

65-1059285

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

PENA, J. DAVID ESQ
1101 BRICKELL AVENUE SUITE 1100
MIAMI FL 33131

7. Name and Address of New Registered Agent

Name
FELICIA J. MURCIANO, P.A.

Street Address (P.O. Box Number is Not Acceptable)
9080 N.W. 16th Street

City
Plantation

FL

Zip Code
33322

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

Felicia J. Murciano, P.A. FELICIA J. MURCIANO, PRESIDENT 4/21/01
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when re-issuing) 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, 2001 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

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
D
ESQUENAZI, ELIAS
1101 BRICKELL AVENUE SUITE 1100
MIAMI FL 33131 ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Delete

TITLE
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CITY-ST-ZIP
☐ Delete

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11:

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

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
VP, S
ESQUENAZI, ELISA
17092 COLLINS AVE. APT. C 201
SUNNY ISLES, FL 33160 ☐ Change ☒ Addition

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

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

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

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ 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: x

Elisa Esquerazi Elisa Esquerazi
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR VICE-PRESIDENT

April 21st 2001 305-945 4455
DATE DAYTIME PHONE #

CR2E034 (10/00)