

05-05-2003 91877 042 ***150.00

FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # **P00000111933**

1. Entity Name
REPRESENTACIONES TECNICAS TEXTILES, INC.



90128809

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business 6805 W. Comercial Blvd Suite, Apt. #, etc. #169 City & State Tamarac, Florida Zip 33319 Country U.S.A.		3. Mailing Address 6805 W. Comercial Blvd Suite, Apt. #, etc. #169 City & State Tamarac, Florida Zip 33319 Country U.S.A.	
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DO NOT WRITE IN THIS SPACE

4. FEJ Number **651059285** Applied For Not Applicable

5. Certificate of Status Desired **\$8.75** Additional Fee Required

DO NOT WRITE IN THIS SPACE

7. Name and Address of Current Registered Agent

Name **Elisa Esquenazi**
 Street Address (P.O. Box Number is Not Acceptable) **6805 W. Comercial Blvd #169**
 City **Tamarac, Florida** FL Zip Code **33319**

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 *Elisa Esquenazi Gh.* **Elisa Esquenazi Gh.** April 27/03
Signature, typed or printed name of Registered Agent and title if applicable. (NOTE: Registered Agent signature required when re-registering.) DATE

January 1 - May 1 Fee is \$150.00
 After May 1, Fee is \$550.00
 Amended UBR is \$61.25
 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			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	President ESQUENAZI, ELIAS 6805 W. Comercial Blvd #169 Tamarac - Florida 33319	TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	Vice-President ESQUENAZI, ELISA 6805 W. Comercial Blvd. #169 Tamarac - Florida 33319	TITLE NAME STREET ADDRESS CITY-ST-ZIP	
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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 on an attachment with an address, with all other like empowered.

SIGNATURE: *Elisa Esquenazi Gh.* **Elisa Esquenazi Gh.** 04/27/03
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034B (12/02)