

**FOR PROFIT CORPORATION  
UNIFORM BUSINESS REPORT (UBR)**

**FILED**  
**May 05, 2003 8:00 am**  
**Secretary of State**

05-05-2003 91877 042 \*\*\*150.00

DOCUMENT # P00000111933

1. Entity Name

REPRESENTACIONES TECNICAS TEXTILES, INC.



**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

DO NOT WRITE IN THIS SPACE

4. FEJ Number

651059285

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional  
Fee Required

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 reinstating)

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          | President                    |
| NAME           | ESQUENAZI, ELIAS             |
| STREET ADDRESS | 6805 W. Comercial Blvd #169  |
| CITY-ST-ZIP    | Tamarac - Florida 33319      |
| TITLE          | Vice-President               |
| NAME           | ESQUENAZI, ELISA             |
| STREET ADDRESS | 6805 W. Comercial Blvd. #169 |
| CITY-ST-ZIP    | Tamarac - Florida 33319      |
| TITLE          |                              |
| NAME           |                              |
| STREET ADDRESS |                              |
| CITY-ST-ZIP    |                              |
| TITLE          |                              |
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| CITY-ST-ZIP    |  |

**DO NOT WRITE  
IN THIS SPACE**

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)