

* AMENDMENT *

02 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED

02 DEC 12 AM 10:38

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **P01000056876**

1. Entity Name

Mundial de Textiles USA, Corp.

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

5026 SW 162 Avenue

Suite, Apt. #, etc.

3. Mailing Address

P.O. Box 297192

Suite, Apt. #, etc.

City & State

Miramar, Florida

City & State

Pembroke Pines, FL

4. FET Number

651115330

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

7. Name and Address of Current Registered Agent

Name

Global Business Solutions Group, Corp.

Street Address (P.O. Box Number is Not Acceptable)

1290 Weston Road, Suite 210

City

Weston

FL

Zip Code
33326

**DO NOT WRITE
IN THIS SPACE**

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 then in applicable

NOTE: Registered Agent Signature required when resigning

DATE

9. This corporation is eligible to satisfy its Intangible
Tax filing requirement and elects to do so.
(See criteria on back) ☐

January 1 - May 1 Fee is \$150.00
After May 1, Fee is \$550.00
Amended UBR is \$61.25

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
P / Olga Lerma
5026 SW 162 Avenue
Miramar, Florida 33027

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
V.P. / Alvaro Garibello
5026 SW 162 Avenue
Miramar, Florida 33027

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
S / T Sonia Rayo
5026 SW 162 Avenue
Miramar, Florida 33027

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12/12/02--01038--001 **\$61.25

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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 on an attachment with an address, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

12.9.02

DATE

Signature Phone #

CR2003-18 (12/01)

12/13