

# \* AMENDMENT \*

## FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED

DOCUMENT # **P01000056876**

02 DEC 12 AM 10:38

1. Entity Name  
**Mundial de Textiles USA, Corp.**

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

**DO NOT WRITE IN THIS SPACE**

2. Principal Place of Business <b>5026 SW 162 Avenue</b> <small>Suite, Apt. #, etc.</small>		3. Mailing Address <b>P.O. Box 297192</b> <small>Suite, Apt. #, etc.</small>		4. FEI Number <b>651115330</b>		Applied For <input type="checkbox"/> Not Applicable	
City & State <b>Miramar, Florida</b>		City & State <b>Pembroke Pines, FL</b>					
Zip <b>33027</b>	Country <b>USA</b>	Zip <b>33029</b>	Country <b>USA</b>	5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75</b> Additional Fee Required			

DO NOT WRITE IN THIS SPACE

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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**      State  
**FL**      Zip Code  
**33326**

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, if not applicable. (NOTE: registered agent signature required when remaining) 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	<b>P / Olga Lerma</b>
STREET ADDRESS	<b>5026 SW 162 Avenue</b>
CITY - ST - ZIP	<b>Miramar, Florida 33027</b>
TITLE NAME	<b>V.P. / Alvaro Garibello</b>
STREET ADDRESS	<b>5026 SW 162 Avenue</b>
CITY - ST - ZIP	<b>Miramar, Florida 33027</b>
TITLE NAME	<b>S / T Sonia Rayo</b>
STREET ADDRESS	<b>5026 SW 162 Avenue</b>
CITY - ST - ZIP	<b>Miramar, Florida 33027</b>
TITLE NAME	
STREET ADDRESS	
CITY - ST - ZIP	
TITLE NAME	
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**400009492514**  
**12/12/02--01038--001 \*\*\$61.25**

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CFR203-6 (12/01)

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: *Sonia Rayo*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

12.9.02  
DATE

9/12/13