

# 2002 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Aug 15, 2002 8:00 am**  
**Secretary of State**

08-15-2002 90046 011 \*\*\*150.00

**DOCUMENT # P01000070810**

1. Entity Name  
**ALDOM TEXTILES, INC.**

Principal Place of Business  
**184 SANTA BARBARA WAY**  
**NORTH PALM BEACH FL 33410**

Mailing Address  
**184 SANTA BARBARA WAY**  
**NORTH PALM BEACH FL 33410**

2. Principal Place of Business  
**8075 STIRRUP CAY CT.**

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State  
**Boynton Beach**

City & State

4. FEI Number  
**65-1132903**

Applied For  
 Not Applicable

Zip  
**33436**

Country  
**Palm Beach**

Zip

Country

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

## 6. Name and Address of Current Registered Agent

## 7. Name and Address of New Registered Agent

**KING, JANICE**  
**184 SANTA BARBARA WAY**  
**NORTH PALM BEACH FL 33410**

Name

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

City

**FL**

Zip Code

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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

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 \$550.00**  
**After September 13, 2002 Fee will be \$750.00**  
**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

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

TITLE  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP  
**DP**  
**STEIN, ALBERT**  
**8075 STIRRUP CAY COURT**  
**BOYNTON BEACH FL 33436**

☐ Delete

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

TITLE  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP  
**D**  
**LONGO, DOMINIC**  
**184 SANTA BARBARA WAY**  
**NORTH PALM BEACH FL 33410**

☐ Delete

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☐ 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:

**Albert M. Stein**  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

**7-31-02 736-5549**

CR2E034 (4/02)

*Attachment*  
**ALDOM TEXTILES**  
**184 SANTA BARBARA WAY**  
**PALM BEACH FLORIDA 33410**

974432

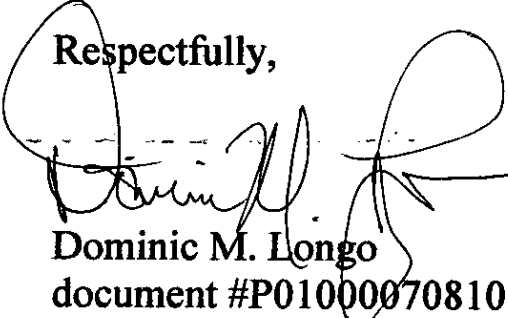
#P01000070810

To Whom It May Concern:

Please be Advised that this is Aldom Inc. first application for  
Uniform Business Report.

As per a phone conversation to your office a check for \$150.00  
is enclosed.

Respectfully,



Dominic M. Longo  
document #P01000070810  
FEI # 65-1132903