FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Jun 16, 2002 8:00 am
Secretary of State
05-14-2002 90362 033 ***158.75

DOCUMENT # P01000080010

1. Entity Name

IMAGE TEXTILE SERVISES INC.

DO NOT WRITE IN THIS SPACE

35409

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2. Principal Place of Business	3. Mailing Address
6221 Seminole terrace	6221 Seminole terrace
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State: Margate. Fl.	City & State: Margate Fl.
Zip: 33063 Country:	Zip: 33063 Country:

4. FEI Number: 65-1132435 ☐ Applied For ☐ Not Applicable

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

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7. **Name and Address of Current Registered Agent**

Name: Lopez Adalberto

Street Address (P.O. Box Number is Not Acceptable): 10871 NW 4th DR.

City: Coral Springs FL Zip Code: 33071

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 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) ☐

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: PRESIDENT NAME: CARLOS E. DIAZ STREET ADDRESS: 6221 SEMINOLE TERRACE CITY-ST-ZIP: MARGATE, FLORIDA 33063	TITLE: NAME: STREET ADDRESS: CITY-ST-ZIP:
TITLE: NAME: STREET ADDRESS: CITY-ST-ZIP:	TITLE: Vice President NAME: FREDDY SAVELLI STREET ADDRESS: 7034 SW. 164 CT. CITY-ST-ZIP: Miami, Fl. 33193
TITLE: NAME: STREET ADDRESS: CITY-ST-ZIP:	TITLE: NAME: STREET ADDRESS: CITY-ST-ZIP:
TITLE: NAME: STREET ADDRESS: CITY-ST-ZIP:	TITLE: NAME: STREET ADDRESS: CITY-ST-ZIP:
TITLE: NAME: STREET ADDRESS: CITY-ST-ZIP:	TITLE: Secretary NAME: Octavio Villashil STREET ADDRESS: 5061 Wiles Rd Apt 107 CITY-ST-ZIP: Coconut Creek Fl. 33073
TITLE: NAME: STREET ADDRESS: CITY-ST-ZIP:	TITLE: NAME: STREET ADDRESS: CITY-ST-ZIP:

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CR2E034B (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: X Freddy Savelli Vice President 06/03/2002.
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #