

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Mar 31, 2003 8:00 am
Secretary of State

03-31-2003 90137 014 ***150.00

DOCUMENT # P02000007318

1. Entity Name
S & S TEXTILES, INC.



Principal Place of Business
**9720 NW 91ST CT
MEDLY FL 33178**

Mailing Address
**9720 NW 91ST CT
MEDLY FL 33178**



2. Principal Place of Business

3. Mailing Address

1055 West 29 Street

Suite, Apt. #, etc.

Suite, Apt. #, etc.

Suite 1 (2nd floor)

City & State

City & State

MIAMI, FL

Zip

Country

Zip

Country

33012

4. FEI Number

80-0033118

Applied For

Not Applicable

5. Certificate of Status Desired

☐

**\$8.75 Additional
Fee Required**

☐ CHECK HERE IF MAKING CHANGES

6. Name and Address of Current Registered Agent

**MUKHERJEE, SUNIL
17300 NW 68TH AVE APT 319
MIAMI FL 33015**

7. Name and Address of New Registered Agent

Name

P C DONATES

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

3921 SW 8 STREET, Suite 206

City

MIAMI

FL

Zip Code

33134

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

FILE NOW!!! FEE IS \$150.00

After May 1, 2003 Fee will be \$550.00

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	PD	<input checked="" type="checkbox"/> Delete
NAME	MUKHERJEE, SUNIL	
STREET ADDRESS	17300 NW 68TH AVE APT 319	
CITY-ST-ZIP	MIAMI DL 33015	
TITLE	SD	<input checked="" type="checkbox"/> Delete
NAME	ALMONTE, AARON	
STREET ADDRESS	17300 NW 68TH AVE APT 319	
CITY-ST-ZIP	MIAMI FL 33015	
TITLE	D	<input checked="" type="checkbox"/> Delete
NAME	OPAL, RAJINDAR	
STREET ADDRESS	630 WILLOWBANK TR	
CITY-ST-ZIP	MISSISSAUGA ONTARIO CANADA	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	PD	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	P C DONATES	
STREET ADDRESS	3921 SW 8 STREET, Suite 206	
CITY-ST-ZIP	MIAMI, FL 33134	
TITLE	DANIEL R. HANSEN Director	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	1933 PEMBROKE ROAD	
STREET ADDRESS	HOLLYWOOD, FL 33020	
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	DIRECTOR	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	SONYA Mukherjee	
STREET ADDRESS	17300 N.W. 68TH AVE #319	
CITY-ST-ZIP	MIAMI DL 33015	
TITLE		<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	P. C. DONATES	
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

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 Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: [Signature]

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (10/02)