

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

0140784 AV

DOCUMENT # P02000121852

1. Entity Name
SPEED SEWING CORPORATION



FILED

03 MAY -1 PM 4:02

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Principal Place of Business
2805 W. 14TH AVE., #22
HIALEAH FL 33010

Mailing Address
2805 W. 14TH AVE., #22
HIALEAH FL 33010



2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

☐ CHECK HERE IF MAKING CHANGES

Zip Country

Zip Country

4. FEI Number ☒ Applied For
Not Applicable

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

FLORIDA AGENT SERVICES, INC.
1221 BRICKELL AVE., SUITE 900
MIAMI FL 33131

Name
Florida Annual Report Services, Inc.
Street Address (P.O. Box Number is Not Acceptable)
2300 Coral Way- Suite 200
City
Miami FL Zip Code
33145

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 *Amada Cantera Lopez* AMADA CANTERA LOPEZ, President 4/30/03
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

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE PD ☐ Delete
NAME RODRIGUEZ, RAMON O
STREET ADDRESS 2805 W. 14TH AVE., #22
CITY-ST-ZIP HIALEAH FL 33010

TITLE ☐ Change ☐ Addition
NAME 900018452309
STREET ADDRESS 05/07/03--01056--022 **150.00
CITY-ST-ZIP

TITLE VD ☐ Delete
NAME MARTINEZ, MANUEL A
STREET ADDRESS 2805 W. 14TH AVE., #22
CITY-ST-ZIP HIALEAH FL 33010

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

TITLE DS ☐ Delete
NAME PEREZ, JUAN C
STREET ADDRESS 2805 W. 14TH AVE., #22
CITY-ST-ZIP HIALEAH FL 33010

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

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE Vice-President ☐ Change ☒ Addition
NAME Isabel Dominguez
STREET ADDRESS 5481 NW 72 Avenue
CITY-ST-ZIP Miami, Florida, 33166

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

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

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ 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: *Amada Cantera Lopez* REQUIRED
Signature, typed or printed name of signing officer or director

3-31-03

Date, Daytime Phone #

CR2E034 (10/02)