

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
May 17, 2001 8:00 am
Secretary of State

05-17-2001 90405 044 ***150.00

DOCUMENT # P94000031640

1. Entity Name

ROSS SEWING MACHINE CORP.

Principal Place of Business

**5700 N.W. 37TH AVE.
 MIAMI FL 33142
 US**

Mailing Address

**5700 N.W. 37TH AVE.
 MIAMI FL 33142
 US**

2. Principal Place of Business

1159 NW 12X AVE.

3. Mailing Address

1159 NW 12X AVE.

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

Miami FL

City & State

Miami FL

4. FEI Number

65-0491880

Applied For

Not Applicable

Zip

33182

Country

USA

Zip

33182

Country

U.S.A.

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

**QUINTERO, EDUARDO
 5700 N.W. 37TH AVE.
 MIAMI FL 33142**

Name

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

City

Miami

FL

Zip Code

33182

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

5-8/01

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 \$150.00
 After MAY 1, 2001 Fee will be \$550.00
 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 **PD** ☐ Delete
 NAME **QUINTERO, EDUARDO**
 STREET ADDRESS **5700 N.W. 37TH AVE.**
 CITY-ST-ZIP **MIAMI FL 33142**

TITLE **PD** ☐ Change ☐ Addition
 NAME **Eduardo Quintero**
 STREET ADDRESS **5501 NW 37th St #E115**
 CITY-ST-ZIP **Miami FL 33126**

TITLE **DS** ☐ Delete
 NAME **ROMO, ROSA E**
 STREET ADDRESS **832 SE 12 ST**
 CITY-ST-ZIP **HAIALEAH FL 33010**

TITLE **DS** ☐ Change ☐ Addition
 NAME **Roma Rosa E.**
 STREET ADDRESS **1159 NW 12X AVE**
 CITY-ST-ZIP **Miami FL 33182**

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

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

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

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

5-8/01

Date

(305) 487-4802

Daytime Phone #

CR2E034 (10/00)