

# 2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P95000019025

1. Entity Name  
R/M FABRIC'S DEPOT INC.



**FILED**  
**Feb 03, 2003 8:00 am**  
**Secretary of State**

02-03-2003 90137 028 \*\*\*150.00

0206025  
AV

Principal Place of Business

11686 NW 7 AVE  
MIAMI FL 33168  
US

Mailing Address

911 E PONCE DE LEON BLVD  
APT 404  
CORAL GABLES FL 33124  
US

2. Principal Place of Business

11686 NW 7 AVE  
Suite, Apt. #, etc.

3. Mailing Address

911 E PONCE DE LEON BLVD.  
Suite, Apt. #, etc.

City & State

MIAMI - FLA.

City & State

CORAL GABLES, FLA.

4. FEI Number

65-0564993

Applied For

Not Applicable

Zip

33168

Country

USA

Zip

33134

Country

USA

5. Certificate of Status Desired

☐

\$8.75 Additional  
Fee Required

☐ CHECK HERE IF MAKING CHANGES



6. Name and Address of Current Registered Agent

PALMERO, MIGUEL  
911 E. PONCE DE LEON BLVD.  
#404  
CORAL GABLES FL 33134

7. Name and Address of New Registered Agent

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

**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 DP  
NAME PALMERO, MIGUEL  
STREET ADDRESS 911 E. PONCE DE LEON BLVD., #404  
CITY-ST-ZIP CORAL GABLES FL 33134

☐ Delete

TITLE V  
NAME PALMER, MIGUEL  
STREET ADDRESS 11686 NW 7 AVE  
CITY-ST-ZIP MIAMI FL 33168

☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

☐ Change ☐ Addition

TITLE  
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CITY-ST-ZIP

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STREET ADDRESS  
CITY-ST-ZIP

☐ Change ☐ Addition

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 REQUIRED**

1-29-03

305-687-0966

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (10/02)