

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P97000074028

1. Entity Name

LAS AMERICAS SEWING MACHINE, CORP.

FILED
Mar 03, 2000 8:00 am
Secretary of State

03-03-2000 90040 030 ***150.00

Principal Place of Business

7235 NW 54TH ST
 MIAMI FL 33166
 US

Mailing Address

7235 NW 54TH ST
 MIAMI FL 33166-4807
 US

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

65-0776562

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

SALEM, ELIAS
 9140 COLLINS AVENUE
 APT D
 SURFSIDE FL 33145

Name

SALEM, ELIAS

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

21141 N.E. 21 COURT

City

MIAMI

FL

Zip Code

33179

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) ☐

FILE NOW!!! FEE IS \$150.00
After MAY 1, 2000 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 DP ☐ Delete
 NAME SALEM, ELIAS S
 STREET ADDRESS 9140 COLLINS AVENUE APT. D
 CITY-ST-ZIP SURFSIDE FL 33145

TITLE DP ☒ Change ☐ Addition
 NAME SALEM, ELIAS S
 STREET ADDRESS 21141 N.E. 21 COURT
 CITY-ST-ZIP MIAMI, FL 33179

TITLE D ☐ Delete
 NAME FRIEDLANDER, JOSEPH
 STREET ADDRESS 107 WEST 25TH STREET
 CITY-ST-ZIP NEW YORK NY 10001

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

TITLE D ☐ Delete
 NAME CIVITERESE, LOUIS
 STREET ADDRESS 59 PARK AVENUE
 CITY-ST-ZIP LODI NJ 07644

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

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

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:

ELIAS SALOM
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

FEB 17 2000 3058856800
 Date Daytime Phone #

CR2E034 (9/99)