

2000 UNIFORM BUSINESS REPORT (UBR)

4/1

DOCUMENT # **P98000033084**

1. Entity Name

Fabric Market, Inc.

FILED
May 24, 2000 8:00 am
Secretary of State

04-06-2000 90044 030 ***150.00

Principal Place of Business

3020 N.W. 59 Street
Miami, FL 33142

Mailing Address

P.O. Box 183
Key Biscayne, FL 33149

2. Principal Place of Business

Same

3. Mailing Address

Same

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

05-0835954

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

GERARDO MICHALOWITZ
867 SAVANNAH FALLS DR.
FT. LAUDERDALE, FL 33327

7. Name and Address of New Registered Agent

Name **PABLO FADUL**

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

199 OCEAN LANE DR. APT. 813

City **KEY BISCAYNE**

FL Zip Code **33149**

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)

5/1/2000
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

TITLE	NAME	STREET ADDRESS	CITY-STATE-ZIP	ST-STATE
	Jose Fadul			<input type="checkbox"/> Delete
	Pablo Fadul			<input type="checkbox"/> Delete
	Gerardo Michalowitz			<input checked="" type="checkbox"/> Delete
				<input type="checkbox"/> Delete
				<input type="checkbox"/> Delete
				<input type="checkbox"/> Delete
				<input type="checkbox"/> Delete

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	NAME	STREET ADDRESS	CITY-STATE-ZIP	ST-STATE	Change	Addition
	199 OCEAN LANE DR. APT. 813				<input type="checkbox"/>	<input type="checkbox"/>
	KEY BISCAYNE, FL 33149				<input type="checkbox"/>	<input type="checkbox"/>
	Vice President				<input type="checkbox"/>	<input type="checkbox"/>
	199 OCEAN LANE DR. APT. 813				<input type="checkbox"/>	<input checked="" type="checkbox"/>
	KEY BISCAYNE, FL 33149				<input type="checkbox"/>	<input type="checkbox"/>
	President				<input type="checkbox"/>	<input type="checkbox"/>
	Director				<input type="checkbox"/>	<input type="checkbox"/>
					<input type="checkbox"/>	<input type="checkbox"/>
					<input type="checkbox"/>	<input type="checkbox"/>
					<input type="checkbox"/>	<input type="checkbox"/>

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

03/30/2000 - (305) 633-6666
Date Daytime Phone #

CR2E034 (9/99)