

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 26, 2001 8:00 am
Secretary of State
 04-26-2001 90134 021 ***150.00

DOCUMENT # P98000033084

1. Entity Name
FABRIC MARKET INC.

Principal Place of Business Mailing Address
3620 NW 59 ST P O BOX 183
MIAMI FL 33142 KEY BISCAVNE FL 33149

2. Principal Place of Business 3. Mailing Address
850 W 19 ST.

Suite, Apt. #, etc. Suite, Apt. #, etc.
 City & State City & State
MIAMI, FLORIDA
 Zip Country Zip Country
33010



DO NOT WRITE IN THIS SPACE

4. FEI Number **65-0835954** Applied For
 Not Applicable

5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

EADUL, PABLO
199 OCEAN LN DR APT 813
KEY BISCAVNE FL 33149

7. Name and Address of New Registered Agent

Name **PABLO FADUL**
 Street Address (P.O. Box Number is Not Acceptable)
204 SUNRISE DR., APT. A
 City **KEY BISCAVNE** FL **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)

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, 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

TITLE	VP	<input type="checkbox"/> Delete
NAME	FADUL, JOSE	
STREET ADDRESS	199 OCEAN LANE DR APT 813	
CITY-ST-ZIP	KEY BISCAVNE FL 33149	
TITLE	P	<input type="checkbox"/> Delete
NAME	FADUL, JOSE	
STREET ADDRESS	199 OCEAN LN DR APT 813	
CITY-ST-ZIP	KEY BISCAVNE FL 33149	
TITLE	D	<input checked="" type="checkbox"/> Delete
NAME	MIDNALANTZ, GERARDO	
STREET ADDRESS	199 OCEAN LN DR APT 813	
CITY-ST-ZIP	KEY BISCAVNE FL 33149	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	PRESIDENT	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	PABLO FADUL	
STREET ADDRESS	204 SUNRISE DR., APT. A	
CITY-ST-ZIP	KEY BISCAVNE, FL 33149	
TITLE	VICE PRESIDENT	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	JOSE FADUL	
STREET ADDRESS	204 SUNRISE DR., APT. A	
CITY-ST-ZIP	KEY BISCAVNE, FL 33149	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> 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

PABLO FADUL

DATE

DAYTIME PHONE #

4/9/2001 305-310-9659

CR2E034 (10/00)