

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P98000037829

1. Entity Name
AMTEX YARN AND TEXTILES, INC.



FILED
May 06, 2003 8:00 am
Secretary of State

05-06-2003 90055 019 ***150.00

0234135 AV

Principal Place of Business
42 SW 34 AVE
MIAMI FL 33135

Mailing Address
42 SW 34 AVE
MIAMI FL 33135

2. Principal Place of Business
2101 ATLANTIC SHORE BLVD

3. Mailing Address
2101 ATLANTIC SHORE BLVD

Suite, Apt. #, etc.
BLDG 7 # 304

Suite, Apt. #, etc.
BLDG 7 # 304

City & State
HALLANDALE, FL

City & State
HALLANDALE FL

Zip
33009

Country
BROWARD

Zip
33009

Country
BROWARD

☐ CHECK HERE IF MAKING CHANGES

4. FEI Number 65-0837437

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

BENCHETRIT, JACOBO
7825 SW 183TH TERRACE
MIAMI FL 33157

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 _____ (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

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
DVS
BENCHETRIT, JACOB
7825 S.W. 183TH TERRACE
MIAMI FL 33157 ☒ Delete

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

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
DVS
ROSA DIAZ, ARNALDO
2101 ATLANTIC SHORE BLVD., BLDG #7, APT304
HALLANDALE FL 33009 ☐ Delete

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

TITLE
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STREET ADDRESS
CITY-ST-ZIP
☐ Delete

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☐ Change ☐ Addition

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☐ 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: ARNALDO ROSA DIAZ PRESIDENT 04/18/03 (786) 536-3526
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (10/02)