2000	UNIFORM BU	ISINESS REPO	RT: (UBR	)	5/: T/TT	ED	
DOCUMENT # P98000057382  1. Entity Name SATIN FOUNTAINEBLEAU FABRICS, INC					FILED Jun 27, 2000 8:00 am Secretary of State 05-31-2000 90038 013 ***150.00		
Principal Place of Business Mailing Address							
10740 WEST FLAGLER ST. #4 8 5 MIAMI FL 23174					i t		
2. Principal Place of Business		3. Mailing Address					
Suite, Apt. #, etc.		Suite, Apt. #, etc.	Suite, Apt. #, etc.		DO NOT WRITE IN THIS SPACE		
City & State	•	City & State	City & State		APPLIED FOR	Api	olied'For Applicable
Zip	Country	Zip	Country	5:-0	Certificate of Status Desired	\$8.75 Addi Fee Required	
	6. Name and Address of Cur	rent Registered Agent		7. N	lame and Address of New Registered	Agent	
1074	alva, magda 10 West Flagler St. #4 & 3 11 Fl 33174	5	Name Street Add	dress (P.O. B	ox Number is Not Acceptable)		
9. This corporation is eligible to satisfy its Intangible FILE NOW!!!			TE Registered Agent signature 1111 FEE IS \$150.01 000 Fee will be \$55 bie to Department	0.00 of State	Election Campaign Financing     Trust Fund Contribution.	\$5.00 Added	O May Be to Fees
11.		AND DIRECTORS	12.	AD	DITIONS/CHANGES TO OFFICERS AL	- 1	
TITLE NAME STREET ADDRESS CITY-SI-ZIP	PD GRIJALVA, MAGDA 175 N.W. 127 AVE. MIAM! FL 33182	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP			☐ Change	Addition 8
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD GRUALVA, VICTOR 175 N.W. 127 AVE. MIAMI FL 33182	☐ Delete .	TITLE NAME STREET ADDRESS CITY-ST-ZIP		,	□ Chầngể.	Addition C
TITLE  NAME  STREET ADDRESS  CITY-ST-ZIP-		☐ Delete	TITLE NAME STREET ADDRESS	~ · · · · · · · · · · · · · · · · · · ·		☐ Change	Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	,	Delete Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP			Change	Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP			☐ Change	Addition

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.

TITLE NAME

STREET ADDRESS

CITY-ST-ZIP

SIGNATURE:

TITLE

NAME STREET ADDRESS

CITY-ST-ZIP

TYPED OF PRINTED NAME OF SIGNING OFFICER OF DIRECTOR

□ Delete

3/10/1

(305) 235-5624 Denting Phone #

☐ Change

Addition ...