

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P98000106429

1. Entity Name

TEX-TREND HOME FASHIONS, INC.

Principal Place of Business

5981 HOLLOWS LANE
DELRAY BEACH FL 33481

Mailing Address

5981 HOLLOWS LANE
DELRAY BEACH FL 33481

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

33484

33484

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

KAPLAN, HOWARD
5981 HOLLOWS LN
DELRAY BCH FL 33481

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.

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 \$550.00

After SEPTEMBER 13, 2000 Min. will be \$750.00

-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 VP
NAME KAPLAN, HOWARD
STREET ADDRESS 5981 HOLLOWS LANE
CITY-ST-ZIP DELRAY BEACH FL 33481 33484

TITLE S
NAME KAPLAN, JONI
STREET ADDRESS 5981 HOLLOWS LANE
CITY-ST-ZIP DELRAY BEACH FL 33481 33484

TITLE P
NAME KAPLAN, MICHAEL
STREET ADDRESS 33 CLINTON AVE
CITY-ST-ZIP WESTPORT CT 06880

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
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

Date

Daytime Phone #

FILED
SECRETARY OF STATE
DIVISION OF CORPORATION

00 OCT 13 PM 12:58



DO NOT WRITE IN THIS SPACE

4. FEI Number 65-0874105

Applied For

Not Applicable

5. Certificate of Status Desired

\$8.75 Additional

Fee Required

CR2E034 (5/00)

9/25/00

Division of Corporations.
Uniform Business Reporting
FILING

P.O. Box 1500
Tallahassee FL 32302-1500

Gentlemen,
I ~~enclose~~ check for 750 dollars
for forgetting to pay the \$25 I should have
a few months ago. But since having open heart
surgery recently, I have been severely depressed
and am on medication.
Please see if there is a way to return
\$725.

Thank you
Howard Kael