

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # DP99000058687

1. Entity Name

TEXTILE APPAREL PRODUCTS CORP.

Principal Place of Business

5050 B NW 74th Ave  
Miami, FL 33166

Mailing Address

5050 B NW 74th AVE.  
Miami, FL 33166

2. Principal Place of Business

Suite, Apt. #, etc.

City & State

Zip

Country

3. Mailing Address

Suite, Apt. #, etc.

City & State

Zip

Country

4. FEI Number

65-0931126

Applied For

Not Applicable

5. Certificate of Status Desired



\$8.75 Additional  
Fee Required

6. Name and Address of Current Registered Agent

ARAUJO, JAVIER  
5050 B NW 74th Ave.  
Miami, FL 33166

7. Name and Address of New Registered Agent

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 \$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 PD  
NAME ARAUJO, JAVIER  
STREET ADDRESS 5050 B NW 74th Ave.  
CITY-ST-ZIP Miami, FL 33166



TITLE SD  
NAME ARGUELLES, FERNANDO  
STREET ADDRESS 5050 B NW 74th Ave.  
CITY-ST-ZIP Miami, FL 33166



TITLE TD  
NAME TABUSH, TEOFILO  
STREET ADDRESS 5050 B NW 74th Ave.  
CITY-ST-ZIP Miami, FL 33166



TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP



TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP



TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

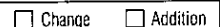


12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE  
NAME ARAUJO, JAVIER  
STREET ADDRESS  
CITY-ST-ZIP



TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP



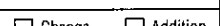
TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP



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

JAVIER ARAUJO  
President

Date

4/30/00

Daytime Phone #

**FILED**  
**Jun 06, 2000 8:00 am**  
**Secretary of State**

06-06-2000 90480 020 \*\*\*150.00

852810

DO NOT WRITE IN THIS SPACE

CR2E034 (9/99)