2000 UNIFORM BUSINESS REPORT (UBR)

FILED Feb 15, 2000 8:00 am Secretary of State DOCUMENT # P99000075391 1. Entity Name DAVEN TEXTILES, INC. 02-15-2000 90045 030 ***150.00 Mailing Address Principal Place of Business 4631 N. MERIDIAN AVE. 4631 N. MERIDIAN AVE. MIAMI BEACH FL 33140-2946 MIAMI BEACH FL 33140 DODGGGIT 3. Mailing Address 2. Principal Place of Business N. MERIDIAN AVE 13105 NN 47 Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE Suite, Apt. #, etc. Applied For City & State OPA-LOCKA 4. FE! Number City & State 15-0944524 Not Applicable \$8.75 Additional Country -5. Certificate of Status Desired 🗓 - 🗔 33140 Fee Required 33054 US A 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent Name RUSSIN. PETER D ESQ. Street Address (P.O. Box Number is Not Acceptable) 2420 FIRST UNION FINANCIAL CENTER 200 SOUTH BISCAYNE BLVD. **MIAMI FL 33131** Zip Code FL 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 DATE (NOTE: Registered Agent signature required when reinstating) Signature, typed or printed name of registered agent and title if applicable. FILE NOW!!! FEE IS \$150.00 9. This corporation is eligible to satisfy its Intangible 10. Election Campaign Financing \$5.00 May Be Tax filing requirement and elects to do so. After MAY 1, 2000 Fee will be \$550.00 Added to Fees Trust Fund Contribution. П (See criteria on back) Make Check Payable to Department of State ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 11. OFFICERS AND DIRECTORS 12. PRESIDENT ☐ Delete TITLE ☐ Change Addition TITLE STEVEN GREENBERG 10120 N. BAGA DUIEN NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Addition ☐ Change ☐ Delete TITLE MELISSA GAFENBER NAME NAME 4631 N. MERIDIAN AVE STREET ADDRESS STREET ADDRESS CITY-ST-7IP MEANIBEAIN, FIE CITY-ST-ZIP ~ 331 YU ☐ Change Addition TITLE TITLE AVEEN GEVENBERG NAME NAME STREET ADDRESS STREET ADDRESS BAY HARBOX, Fc. CITY-ST-ZIP CITY-ST-ZIP CERETARY TREASURER ☐ Change Addition TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP 33140 ☐ Change Addition Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change Addition ☐ Delete TITLE TITLE NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP 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.

GAEENBENG

SIGNATURE AND TYPED OR PRINTY O NAME OF SIGNING OFFICER OR DIRECTOR

2-11-00

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