## 2002 UNIFORM BUSINESS REPORT (UBR) Feb 26 2002 8:00 am

DOCUMENT # P9900075391  1. Entity Name DAVEN TEXTILES, INC.			Secretary of State 02-26-2002 90033 040 ***150.00	
Principal Place of Business Mailing Address 13125 NW 47 AVE 13125 NW 47 AVE OPA LOCKA FL 33054 OPA LOCKA FL 33054				
	Place of Business	3. Mailing Address		
Suite, Apt.	#, etc.	Suite, Apt. #, etc.		DO NOT WRITE IN THIS SPACE
OFA- LOCK A FL.		City & State		4. FEI Number 65-0944524 Applied For Not Applicable
33 os	<del></del>	Zip	Country	5. Certificate of Status Desired S8.75 Additional Fee Required
	6. Name and Address of Current R	egistered Agent	Name	7. Name and Address of New Registered Agent
RUSSIN, PETER D ESQ.				
2420 FIRST UNION FINANCIAL CENTER				ee (P.O. Box Number is Not Acceptable)
200 SOUTH BISCAYNE BLVD.				
MIAMI FL 33131			City	FL Zip Code
9. This corporation is eligible to satisfy its Intangible Tax filing requigement and elects to do so. (See criteria on back)  FILE NOW!!! FE After May 1, 2002 Fe Make Check Payable to			Fee will be \$550.00 to Department of Si	State Added to Fees
TITLE	OFFICERS AND D	Delete	12.	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11  Change Addition
NAME STREET ADDRESS CITY-ST-ZIP	GREENBERG, STEVEN 10120 N. BROADVIEW MIAMI FL 33154	Li Delete	NAME STREET ADDRESS CITY-ST-ZIP	Change Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP GREENBERG, MELISSA 4631 N. MERIDIAN AVE MIAMI FL 33140	<b>I</b> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP GREENBERG, LAVERN 10120 N. BROADVIEW MIAMI FL-33154	Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	. Change Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	ST Greenberg, David 4631 N. Meridian Ave Miami Fl 33140	☐ 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
TITLE NAME STREET ADDRESS CITY-ST-ZIP		□ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
13. I hereby of indicated of the cor	certify that the information supplied with to on this report or supplemental report is to poration or the receiver or trustee empore	his filing does not qualify for th rue and accurate and that my sered to execute this report as	e exemption stated in 8 signature shall have the required by Chapter 6	Section 119.07(3)(i), Florida Statutes. I further certify that the information ne same legal effect as if made under oath; that I am an officer or director 607, Florida Statutes; and that my name appears in Block 11 or Block 12 if

FEB. M. 2002