FILED
May 07, 2002 8:00 am
Secretary of State
05-07-2002 90234 048 ***150.00

FOR PROFIT CORPORATION
2002 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P99000085687

1. Entity Name
KING AMERICAN TEXTILE CORP.

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business	3. Mailing Address
1511 E. 11 AVENUE	1511 E. 11 AVENUE
Suite, Apt. #, etc	Suite, Apt. #, etc.
City & State: HIALEAH-FL	City & State: HIALEAH-FL
Zip: 33010 / Country: U.S.A.	Zip: 33010 / Country: U.S.A

DO NOT WRITE IN THIS SPACE

4. FEI Number: 65-0960444 — ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ — **$8.75** Additional Fee Required

DO NOT WRITE IN THIS SPACE

7. **Name and Address of Current Registered Agent**
Name: LESLIE ALONSO
Street Address (P.O. Box Number is Not Acceptable): 1511 E. 11 AVENUE
City: HIALEAH-FL — FL — Zip Code: 33016

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) ☐

January 1 - May 1 Fee is $150.00
After May 1, Fee is $550.00
Amended UBR is $61.25
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	D/P/S	TITLE	
NAME	GALILEO VEROY	NAME	
STREET ADDRESS	1511 E. 11 AVENUE	STREET ADDRESS	
CITY-ST-ZIP	HIALEAH-FL 33016	CITY-ST-ZIP	
TITLE		TITLE	
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
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STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	

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CR2E034B (12/01)

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 on an attachment with an address, with all other like empowered.

SIGNATURE: [signature] GALILEO VEROY 4-20-02

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #