

2003 **FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

FILED
May 02, 2003 8:00 am
Secretary of State

05-02-2003 90713 023 ***150.00

DOCUMENT # P99000085687

1. Entity Name

KING AMERICAN TEXTILE CORP.



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

1511 E. 11 AVENUE

Suite, Apt. #, etc.

3. Mailing Address

1511 E. 11 AVENUE

Suite, Apt. #, etc.

DO NOT WRITE IN THIS SPACE

City & State

MIAMI BEACH - FL

City & State

MIAMI BEACH - FL

4. FEI Number

65-0960444

Applied For

Not Applicable

Zip

33010

Country

U.S.A.

Zip

33010

Country

U.S.A.

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

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

MIAMI BEACH

FL

Zip Code

33010

**DO NOT WRITE
IN THIS SPACE**

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

Signature, by self or limited name of registered agent and limit applicable

(NOTE: Registered Agent signature required when registering)

DATE

January 1 - May 1 Fee is \$150.00

After May 1, Fee is \$550.00

Amended UBR is \$61.25

Make Check Payable to Florida Department of State

9. Election Campaign Financing
Trust Fund Contribution ☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
D/P/S
GALILEO, VERONICA
1511 E. 11 AVENUE
MIAMI BEACH - FL 33010

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

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IN THIS SPACE**

12. 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 10 or on an attachment with an address, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

GALILEO VERONICA

4-28-03

Date

Daytime Phone

CR2E034B (12/02)