2001 UNIFORM BUSINESS REPORT (UBR)

SIGNATURE:

SIGNATURE AND TYPES OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Sep 11, 2001 8:00 am Secretary of State S16869 DOCUMENT # 1. Entity Name 09-11-2001 90003 030 ***550.00 BENLUS FABRICS, INC. Principal Place of Business Mailing Address 70 NW 25TH STREET AUUU - -70 NW 25TH STREET MIAMI FL 33127-4416 MIAMI FL 33127-4416 3. Mailing Address 2. Principal Place of Business Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE Applied For City & State City & State 4. FEI Number 65-0240756 Not Applicable Zip Zin Country \$8.75 Additional Country 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent Name-LAZARUS, HARVEY Street Address (P.O. Box Number is Not Acceptable) **70 N.W. 25 STREET** MIAMI FL Zip Code City 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. (NOTE: Registered Agent signature required when reinstating) Signature, typed or printed name of registered agent and title if applicable. FILE NOW!!! FEE IS \$550.00 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 September 12, 2001 Fee will be \$750.00 Trust Fund Contribution. Added to Fees Make Check Payable to Department of State (See criteria on back) ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 OFFICERS AND DIRECTORS 11. 12. CR2E034 (5/01) Change ☐ Addition ☐ Delete TITLE TITLE LAZARUS, ERIC NAME NAME 11188 WHITEHAMK STREET 2160 NE 187 STRET STREET ADDRESS STREET ADDRESS PLANTATION, FL 33324 N. MIAMITBEACH FL CITY-ST-ZIP CITY-ST-ZIP ☐ Delete TITLE ■ Addition TITLE LAZARUS, HARVEY NAME NAME 9501 SW 105 AVENUE STREET ADDRESS STREET ADDRESS CITY-ST-ZIE CITY-ST-7IP MIAMI FL ☐ Change Addition Delete TITLE TITLE LAZARUS, MICHEAL NAME NAME STREET ADDRESS STREET ADDRESS 6100 NORTH BAY ROAD CITY-ST-7IP CITY-ST-ZIP MIAMI BEACH FL ☐ Change Addition ☐ Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-7IP CITY-ST-ZIP Change ☐ Addition ☐ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change ■ Addition 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 empowers to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 11 or Block 12 if