

**2001 UNIFORM BUSINESS REPORT (UBR)****FILED****Apr 25, 2001 8:00 am**  
**Secretary of State**

04-25-2001 90155 015 \*\*\*150.00

DOCUMENT # S70044

1. Entity Name

Textile Engineers of America Inc. ✓

Principal Place of Business

Mailing Address

15300 NW 33 place.

Opa locka FL. 33054.2444

40006786

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City &amp; State

City &amp; State

Zip

Country

Zip

Country

4. FEI Number

65 0292715

Applied For

Not Applicable

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

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

DIAZ, ROY A.  
2691 E. Oakland Pl Blvd.  
Suite 303  
Ft. Lauderdale FL. 33306

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

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) ☐**FILE NOW!!! FEE IS \$150.00**  
**After MAY 1, 2001 Fee will be \$550.00**  
**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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

P  
TITLE NAME AURIEMMA, John E. ☐ Delete  
STREET ADDRESS 15300 NW 33 Pl  
CITY-ST-ZIP Opa locka FL. 33054.2444☐ Change ☐ Addition  
TITLE NAME  
STREET ADDRESS  
CITY-ST-ZIPS  
TITLE NAME AURIEMMA, Frank C. ☐ Delete  
STREET ADDRESS 15300 NW. 33 Pl  
CITY-ST-ZIP Opa locka FL. 33054.2444☐ Change ☐ Addition  
TITLE NAME  
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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.

SIGNATURE: \_\_\_\_\_

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

4-13-2001 305-685-9844

CR2E034 (11/00)