

2001 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Apr 27, 2001 8:00 am**  
**Secretary of State**  
 04-27-2001 90315 047 \*\*\*150.00

0488855

**DOCUMENT # S74634**

1. Entity Name  
**CASABLANCA TEXTILES, INC.**

Principal Place of Business <b>9000 N.W. 106TH STREET          MEDLEY FL 33178          US</b>	Mailing Address <b>9000 N.W. 106TH STREET          MEDLEY FL 33178          US</b>
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2. Principal Place of Business <b>2175 WEST 8TH COURT</b> Suite, Apt. #, etc.	3. Mailing Address <b>2175 WEST 8TH COURT</b> Suite, Apt. #, etc.
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City & State <b>HIALEAH, FL</b>	City & State <b>HIALEAH, FL</b>
Zip <b>33010</b>	Zip <b>33010</b>

4. FEI Number <b>65-0281839</b>	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Des rec <input type="checkbox"/>	<b>\$8.75</b> Additional Fee Required



DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

**COHEN, JAMES  
 7888 CUMMINGS LANE  
 BOCA RATON FL 33433**

7. Name and Address of New Registered Agent

Name  
 Street Address (P.O. Box Numbers Not Acceptable)  
 City 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's signature required when re-registering)

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	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>P</b> <input type="checkbox"/> Delete <b>COHEN, JAMES</b> <b>7888 CUMMINGS LN</b> <b>BOCA RATON FL 33433</b>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>V</b> <input type="checkbox"/> Delete <b>MOYAL, DANIEL J</b> <del><b>7435 COLLINS AVE. #806</b></del> <del><b>MIAMI BCH. FL 33141</b></del>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition <b>10140 WEST BAY HARBOR DR</b> <b>BAY HARBOR ISL., FL 33154</b>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

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

SIGNATURE: James Cohen / **JAMES COHEN** 4/27/01 305 888 5666  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Date of Filing

CR2E034 (10/00)