05-16-2001 90249 020 ***150.00
V06859

04/24/2001 09:14 3052484060 LARRY K H

FILED
01 JUN 13 PM 3:18
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # V06859

1. Entity Name
TRIM & TEXTILE BROKERS OF FLORIDA, INC.

Principal Place of Business
3550 BISCAYNE Blvd.
SUITE #301
MIAMI, FL 33137

Mailing Address

2. Principal Place of Business: SAME ↑
Suite, Apt. #, etc.: 301
City & State: MIAMI FL
Zip: 33137 Country: USA

3. Mailing Address: SAME ↑
Suite, Apt. #, etc.: 301
City & State: MIAMI FL
Zip: 33137 Country: USA

00-01 UBR

DO NOT WRITE IN THIS SPACE

4. FEI Number: 65-0315447 ☐ Applied For ☐ Not Applicable

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

6. Name and Address of Current Registered Agent
HOOPER, LARRY K.
950 NO. KROME Ave #106
HOMESTEAD, FL 33030

7. Name and Address of New Registered Agent
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 _____ DATE
(Signature, type or print name of registered agent and title if applicable) (NOTE: Registered Agent signature required when reinstating)

9. This corporation is eligible to satisfy its intangible tax filing requirement and elects to do so. ☐ (See criteria on back)

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	PRESIDENT LEAS, BRYAN 3550 Biscayne Blvd. #301, MIAMI FL 33137	☐ Delete
TITLE NAME		☐ Delete
		☐ Delete
		☐ Delete
		☐ Delete

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE NAME STREET ADDRESS CITY-ST-ZIP	400004448534--6 -06/28/01--01010--013 ****150.00 ****150.00	☐ Change ☐ Addition
TITLE NAME		☐ Change ☐ Addition
	LS	☐ Change ☐ Addition
		☐ Change ☐ Addition
		☐ Change ☐ Addition
		☐ Change ☐ 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 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: Bryan Leas 4/24/01 305-438-9300
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

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