

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Feb 01, 2001 8:00 am
Secretary of State

02-01-2001 90027 004 ***150.00

DOCUMENT # 352204

1. Entity Name

BISCAYNE SPORTSWEAR MANUFACTURING CO

Principal Place of Business

Mailing Address

**2101 W. 4TH AVENUE
 HIALEAH FL 33010**

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 HIALEAH FL 33010**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number **59-1270498**

Applied For
 Not Applicable

Zip

Country

Zip

Country

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

**ALCHEK, FRED
 2101 W 4TH AVE
 HIALEAH FL 33010**

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.

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

TITLE Delete
 NAME **PD**
 STREET ADDRESS **ALCHEK, EDITH**
 CITY-ST-ZIP **1524 NW 182 AVE**
PEMBROKE PINES FL

TITLE Change Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE Delete
 NAME **VTD**
 STREET ADDRESS **ALCHEK, FRED**
 CITY-ST-ZIP **1524 NW 182 AVE**
PEMBROKE PINES FL

TITLE Change Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE Delete
 NAME **D**
 STREET ADDRESS **ALCHEK, MAXINE**
 CITY-ST-ZIP **45 BAY STATE AVE #3**
SOMERVILLE MA

TITLE Change Addition
 NAME **D**
 STREET ADDRESS **ALCHEK, MAXINE**
 CITY-ST-ZIP **68 Brierfield Rd**
NEWTON, MASS 02461

TITLE Delete
 NAME **S**
 STREET ADDRESS **SHLOMI, FRANCES**
 CITY-ST-ZIP **11360 LAKE SHORE DRIVE**
COOPER CITY FL

TITLE Change Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE Change Addition
 NAME **D**
 STREET ADDRESS **ALCHEK, ELLIOT**
 CITY-ST-ZIP **45 BINNEY Lane**
OLD GREENWICH, CONN. 06870

TITLE Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE Change Addition
 NAME
 STREET ADDRESS
 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:

Edith Alchek, President

JAN. 30, 2001

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

EDITH ALCHEK, PRESIDENT

934-430-9975

CR2E034 (10/00)