

2002

**(UNIFORM BUSINESS REPORT (UBR))**

DOCUMENT # 352204

1. Entity Name

BISCAYNE SPORTSWEAR MANUFACTURING CO

Principal Place of Business

2101 W. 4TH AVENUE  
HIALEAH FL 33010

Mailing Address

2101 W. 4TH AVENUE  
HIALEAH FL 33010

005388

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

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 agent or its registered agent's name in the State of Florida.

SIGNATURE

Signature of the person named in the statement of the registered agent or the registered agent's name

Date of filing of this statement with the Secretary of State

DATE

9. This corporation is eligible to satisfy its filing requirements 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. I am a Campaign Financing Participant or Contributor

\$5.00 May Be Added to Fees

11. OFFICERS AND DIRECTORS

TITLE	PD	<input type="checkbox"/> Delete
NAME	ALCHEK, EDITH	
STREET ADDRESS	1524 NW 182 AVE	
CITY- ST- ZIP	PEMBROKE PINES FL	
TITLE	VTD	<input type="checkbox"/> Delete
NAME	ALCHEK, FRED	
STREET ADDRESS	1524 NW 182 AVE	
CITY- ST- ZIP	PEMBROKE PINES FL	
TITLE	D	<input type="checkbox"/> Delete
NAME	ALCHEK, MAXINE	
STREET ADDRESS	45 BAY STATE AVE #3	
CITY- ST- ZIP	SOMERVILLE MA	
TITLE	S	<input type="checkbox"/> Delete
NAME	SHLOMI, FRANCES	
STREET ADDRESS	11360 LAKE SHORE DRIVE	
CITY- ST- ZIP	COOPER CITY FL	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY- ST- ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY- ST- ZIP		

12. ADDITIONS, CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addit
NAME		
STREET ADDRESS		
CITY- ST- ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addit
NAME		
STREET ADDRESS		
CITY- ST- ZIP		
TITLE	PC MAXINE ALCHEK	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addit
NAME	68 BRIERFIELD RD	
STREET ADDRESS	NEWTON, MA 02461	
CITY- ST- ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addit
NAME		
STREET ADDRESS		
CITY- ST- ZIP		
TITLE		<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addit
NAME	ALCHEK, ELLIOT	
STREET ADDRESS	45 BINNEY LANE	
CITY- ST- ZIP	OLD GREENWICH, CONN. 06870	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addit
NAME		
STREET ADDRESS		
CITY- ST- ZIP		

13. I hereby certify that the information supplied with this filing does not qualify for the exempt provisions of Chapter 202, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my signature on this filing is a legal signature under applicable law. I am an officer or director of the corporation or the receiver or trustee empowered to execute this report or supplemental report. My name and address will appear on Block 11 of Block 11 or changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

*Edith Alchek, President*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

EDITH ALCHEK PRESIDENT

HOME PHONE NO