


**FOR PROFIT CORPORATION  
UNIFORM BUSINESS REPORT (UBR)**

FILED

03 SEP 30 AM 10:56

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

DOCUMENT # **K84215**  
1. Entity Name  
**GLOBAL APPAREL CORPORATION** **03**



**DO NOT WRITE IN THIS SPACE**

2. Principal Place of Business  
**6700 NW 82 AVE.**  
Suite, Apt. #, etc.

3. Mailing Address  
**6700 NW 82 AVE.**  
Suite, Apt. #, etc.

DO NOT WRITE IN THIS SPACE

City & State  
**MIAMI, FLORIDA**

City & State  
**MIAMI, FLORIDA**

Zip  
**33166** Country  
**USA**

Zip  
**33166** Country  
**USA**

4. FEI Number  
**65-0112830**

Applied For  
No: Applicable

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

**DO NOT WRITE  
IN THIS SPACE**

7. Name and Address of Current Registered Agent

Name  
**MONICA BETANCOURT**

Street Address (P.O. Box Number is Not Acceptable)  
**6700 NW 82 AVE**

City  
**MIAMI** FL Zip Code  
**33166**

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE \_\_\_\_\_ DATE \_\_\_\_\_  
Signature, typed or printed name of registered agent and file (if applicable) (NOTE: Registered Agent signature required when reissuing)

January 1 - May 1 Fee is \$150.00  
After May 1 Fee is \$550.00  
Amended UBR is \$61.25  
Make Check Payable to Florida Department of State

9. Election Campaign Financing  
Trust Fund Contribution.  **\$5.00** May Be Added to Fees

10. OFFICERS AND DIRECTORS

TITLE	<b>V.S.D</b>
NAME	<b>MARY BETANCOURT-VERGARA</b>
STREET ADDRESS	<b>6700 NW 82 AVE 100A</b>
CITY-ST-ZIP	<b>MIAMI, FLA 33166</b>
TITLE	<b>P.T</b>
NAME	<b>MONICA BETANCOURT</b>
STREET ADDRESS	<b>6700 NW 82 AVE.</b>
CITY-ST-ZIP	<b>MIAMI, FLA 33166</b>
TITLE	<b>D</b>
NAME	<b>MARY BEARD</b>
STREET ADDRESS	<b>6700 NW 82 AVE.</b>
CITY-ST-ZIP	<b>MIAMI, FLA 33166</b>
TITLE	<b>D</b>
NAME	<b>SOCRATES IMBERT</b>
STREET ADDRESS	<b>6700 NW 82 AVE.</b>
CITY-ST-ZIP	<b>MIAMI, FLA 33166</b>
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

**300023448253**  
**09/30/03--01071--004 \*\*558.75**

**DO NOT WRITE  
IN THIS SPACE**

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

12. 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 10 or on an attachment with an address, with all other like empowered

SIGNATURE: **Monica Betancourt** Date: **9-20-03** 305 477 0230  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E034B (12/02)

7/10/11