


04-28-2003 91362 028 ***150.00

**2003 FOR PROFIT CORPORATION
 UNIFORM BUSINESS REPORT (UBR)**

DOCUMENT # P02000068261

1. Entity Name
APPAREL SWIMWEAR, INC



Principal Place of Business 2173 RENAISSANCE BLVD #102 MIRAMAR, FL 33025	Mailing Address 2173 RENAISSANCE BLVD #102 MIRAMAR, FL 33025
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2. Principal Place of Business 6157 NW 167th St	3. Mailing Address 6157 NW 167th St
Suite, Apt. #, etc. #3F	Suite, Apt. #, etc. #3F



CHECK HERE IF MAKING CHANGES

City & State Miami, FL	City & State Miami, FL
Zip 33015	Zip 33015

4. FEI Number 43-1969547	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

GIMENEZ, RAFAEL
 304 SW 85TH TERR #110
 PEMBROKE PINES, FL 33026

7. Name and Address of New Registered Agent

Name **Gimenez, Mariela**
 Street Address (P.O. Box Number is Not Acceptable)
6157 NW 167th St #3F
 City **Miami** FL Zip Code **33015**

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 *[Signature]* **Mariela Gimenez** DATE **4/22/03**

Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

FILE NOW!!! FEE IS \$180.00
 After May 1, 2003 Fee will be \$550.00
 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 NAME STREET ADDRESS CITY-ST-ZIP	D. GIMENEZ, MARIELA 2173 RENAISSANCE BLVD #102 MIRAMAR, FL 33025 <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
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	Gimenez, Mariela 1433 NW 10th St Dania Beach, FL 33004 <input checked="" 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
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

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 Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE *[Signature]* **Mariela Gimenez** DATE **4/22/03** CALL **305 827-6077**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CRE034 (10/02)