

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

FILED
May 05, 2003 8:00 am
Secretary of State

05-05-2003 90732 038 ***150.00

0007327 AT

DOCUMENT # P02000132940

1. Entity Name
G & S RESORTWEAR, INC.



Principal Place of Business 225 S. FORT LAUDERDALE BEACH BLVD.
FT. LAUDERDALE FL 33316
Mailing Address 225 S. FORT LAUDERDALE BEACH BLVD.
FT. LAUDERDALE FL 33316

2. Principal Place of Business **3. Mailing Address**

Suite, Apt., etc. Suite, Apt., etc.

City & State City & State

Zip Country Zip Country

4. FEI Number 30-0136102
Applied For Not Applicable

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

CHECK HERE IF MAKING CHANGES



6. Name and Address of Current Registered Agent

AVIDOR, LIOR
225 S. FORT LAUDERDALE BEACH BLVD.
FT. LAUDERDALE FL 33316

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

SIGNATURE _____ (NOTE: Registered Agent signature required when reinstating) **DATE** _____

FILE NOW!!! FEE IS \$150.00
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

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE NAME STREET ADDRESS CITY-ST-ZIP	D AVIDOR, LIOR 225 S. FORT LAUDERDALE BEACH BLVD. FT. LAUDERDALE FL 33316	<input type="checkbox"/> Delete
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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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR**

09/30/03
Date

954-5246564
Daytime Phone #

CR2E034 (10/02)