

2000 UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 25, 2000 8:00 am
Secretary of State

04-25-2000 90122 009 ***150.00

DOCUMENT # P96000023890

1. Entity Name
SCHOOL DAZE UNIFORMS, INC.

Principal Place of Business
2227 NE 2 AVE. 500 NW 27 ST.
MIAMI FL 33137 SUITE D
Miami, FL 33127

Mailing Address
5781 BISCAYNE BLVD.
SUITE 504
MIAMI FL 33137-2603



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business
500 NW 27 ST

3. Mailing Address
1550 NE 123 ST

Suite, Apt. #, etc.
Suite D

Suite, Apt. #, etc.
St # N 401

City & State
Miami FL

City & State
N. Miami FL

4. FEI Number **65-0654902** Applied For
 Not Applicable

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

6. Name and Address of Current Registered Agent
LAWHORN, RITA
5781-BISCAYNE BLVD.; SUITE 504
MIAMI FL 33137

7. Name and Address of New Registered Agent
 Name **RITA LAWHORN**
 Street Address (P.O. Box Number is Not Acceptable)
1550 NE 123 ST # N401
 City **N. Miami** FL Zip Code **33161**

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 *Rita Lawhorn* (NOTE: Registered Agent signature required when reinstating) DATE **4/18/00**

9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so.
 (See criteria on back)

FILE NOW!!! FEE IS \$150.00
After MAY 1, 2000 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	
TITLE	D <input type="checkbox"/> Delete
NAME	LAWHORN, RITA
STREET ADDRESS	5781 BISCAYNE BLVD., SUITE 504
CITY-ST-ZIP	MIAMI FL 33137
TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
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 checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	RITA LAWHORN
STREET ADDRESS	1550 NE 123 ST. Ste N401
CITY-ST-ZIP	N. Miami, FL 33161
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> 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: *Rita Lawhorn* (RED)
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date **4/18/00** Daytime Phone # **(305) 573-6555**

CR2E034 (9/99)