

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # L00000000783

1. Entity Name

100 SW 5TH STREET COMPANY, LC

Principal Place of Business

6586 SWEET MAPLE LANE
BOCA RATON FL 33433

Mailing Address

6586 SWEET MAPLE LANE
BOCA RATON FL 33433

2. Principal Place of Business

AMERICAN

3. Mailing Address

AMERICAN

Suite, Apt. #

LOGOWEAR.COM

Suite, Apt. #

LOGOWEAR.COM

100 SW 5TH ST.

100 SW 5TH ST.

POMPANO BCH, FL 33060

POMPANO BCH, FL 33060

Zip

Country

Zip

Country

4. FEI Number

Applied For

Not Applicable

5. Certificate of Status Desired

☐ \$5.00 Additional Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

TREIBER, KEITH H

6586 SWEET MAPLE LANE
BOCA RATON FL 33433

AMERICAN
LOGOWEAR.COM
100 SW 5TH ST.
POMPANO BCH, FL 33060

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.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW!!! FEE IS \$50.00
Make Check Payable to Department of State

9. MANAGING MEMBERS/MEMBERS

10. ADDITIONS/CHANGES

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
MRG
AMERICAN EMBROIDERED APPAREL, INC.
6586 SWEET MAPLE LANE
BOCA RATON FL 33433

☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

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STREET ADDRESS
CITY-ST-ZIP
AMERICAN
LOGOWEAR.COM
100 SW 5TH ST.
POMPANO BCH, FL 33060

☐ Change ☐ Addition

☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
70000037843074
02/28/01-01019-003
*****50.00 *****50.00

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STREET ADDRESS
CITY-ST-ZIP

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11. 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 is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am a managing member or manager of the limited liability company or the receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.

SIGNATURE:

SIGNATURE REQUIRED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

Date

Daytime Phone #

FILED

01 FEB 26 AM 11:07

SECRETARY OF STATE
TALLAHASSEE, FLORIDA



DO NOT WRITE IN THIS SPACE

CR2E083 (11/00)