

# 2001 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**May 03, 2001 8:00 am**  
**Secretary of State**

05-03-2001 90964 043 \*\*\*150.00

**DOCUMENT # P99000082479**

1. Entity Name

**3:16 MERCHANDISE AND APPAREL, INC.**

Principal Place of Business

5197 NW 15TH ST  
 SYTE 105  
 POMPANO BEACH FL 33063

Mailing Address

5197 NW 15TH ST  
 SYTE 105  
 POMPANO BEACH FL 33063

2. Principal Place of Business

**1445 Banks Road**

3. Mailing Address

**1445 Banks Road**

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

**Margate, FL**

City & State

**Margate, FL**

Zip

**33063**

Country

**USA**

Zip

**33063**

Country

**USA**

4. FEI Number

**65-0951230**

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent

**PRICE, SAMUEL A  
 800 WEST OAKLAND PARK BOULEVARD  
 SUITE 215  
 WILTON MANORS FL 33311**

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.

SIGNATURE

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

(NOTE: Registered Agent signature required when reinstating)

DATE

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, 2001 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 ☐ Delete  
 NAME **D NARDONE, LOUIS**  
 STREET ADDRESS **4133 N.W. 64TH AVENUE**  
 CITY-ST-ZIP **CORAL SPRINGS FL 33067-3043**

TITLE ☐ Delete  
 NAME **D NARDONE, DARLENE**  
 STREET ADDRESS **4133 N.W. 64TH AVENUE**  
 CITY-ST-ZIP **CORAL SPRINGS FL 33067-3043**

TITLE ☐ Delete  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE ☐ Delete  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE ☐ Delete  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE ☐ Delete  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ☐ Change ☐ Addition  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
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 STREET ADDRESS  
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 CITY-ST-ZIP

TITLE ☐ Change ☐ 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:

**Darlene Nardone**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**4-16-01**

Date

**954-956-8005**

Daytime Phone #

CR2E034 (10/00)

0126105