FILED

2002 UNIFORM BUSINESS REPORT (UBR)

Jan 15, 2002 8:00 am 147563 DOCUMENT # **Secretary of State** 1. Entity Name 01-15-2002 90077 001 ***158.75 MIAMI SPORTSWEAR CO. INC. Principal Place of Business Mailing Address 699 W. 17 STREET 699 W. 17 STREET 100100 HIALEAH FL 33010 HIALEAH FL 33010 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE City & State City & State 4. FEI Number Applied For 59-0359953 Not Applicable Zip Country Zip Country \$8.75 Additional 5. Certificate of Status Desired 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent BRASINGTON, JACK J Street Address (P.O. Box Number is Not Acceptable) 699 W. 17 STREET HIALEAH FL 33010 City 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 DATE Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) FILE NOW!!! FEE IS \$150.00 9. This corporation is eligible to satisfy its Intangible 10. Election Campaign Financing \$5.00 May Be After May 1, 2002 Fee will be \$550.00 Tax filing requirement and elects to do so. Trust Fund Contribution. (See criteria on back) Make Check Payable to Department of State ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 OFFICERS AND DIRECTORS 11. <u> 20</u> Change ☐ Addition TITLE ☐ Delete BRASINGTON, JACK M BRASINGTON, JACK JR NAME NAME 3443 N. MOORNGS 9740 SW 123RD ST STREET ADDRESS STREET ADDRESS COCONUT GROVE CITY-ST-ZIP MIAM FL CITY-ST-ZIP TITLE ☐ Delete TITLE BRASINGTON, CANTILLON NAME BRANSINGTON, CANTILLON NAME * STREET ADDRESS H3 N, MODRINGS STREET ADDRESS 9740 SW 123 STREET CITY-ST-ZIP CITY-ST-ZIP **MIAMI FL 33170** COCONUT GROVE Change TITLE ☐ Delete TITLE Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-7IP CITY-ST-ZIP ☐ Channe ☐ Addition TITLE ☐ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete TITLE ☐ Change ☐ Addition TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete TITLE TITLE Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-7IP 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 sepert 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 of the corporation or the receiver or trustee changed, or on an attachine with an addi

WINIEW SIGNATURE: SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OF