

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
May 27, 2002 8:00 am
Secretary of State

05-27-2002 90391 024 ***150.00

DOCUMENT # 154683

1. Entity Name
FARNER'S CHILDREN'S WEAR, INC.

Principal Place of Business

1918 S DALE MABRY
TAMPA FL 33629
US

Mailing Address

44 BAHAMA CIRCLE
TAMPA FL 33606
US

2. Principal Place of Business
44 BAHAMA CIRCLE

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State
TAMPA FL

City & State

4. FEI Number **59-0677087**

Applied For
Not Applicable

Zip
33606

Country

Zip

Country

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

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

EDELSTEIN, BESSIE B
1918 S DALE MABRY
TAMPA FL 33629

Name

Street Address (P.O. Box Number is Not Acceptable)

44 BAHAMA CIRCLE

City
TAMPA

FL

Zip Code
33606

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 *Bessie B Edelstein* **BESSIE B EDELSTEIN**

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, 2002 Fee will be \$550.00
Make Check Payable to Department of State

10. Election Campaign Financing ☐ **\$5.00 May Be Added to Fees**
Trust Fund Contribution.

11. OFFICERS AND DIRECTORS

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE **PD** ☐ **Delete**
NAME **EDELSTEIN, BESSIE B**
STREET ADDRESS **44 BAHAMA CIRCLE**
CITY-ST-ZIP **TAMPA FL 33606**

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

TITLE **D** ☐ **Delete**
NAME **SCHATZMAN, SANDRA**
STREET ADDRESS **1351 NW 12TH ST RM 505**
CITY-ST-ZIP **MIAMI FL 33125**

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

TITLE **D** ☐ **Delete**
NAME **EDELSTEIN, MICHAEL**
STREET ADDRESS **601 LUZON AVENUE**
CITY-ST-ZIP **TAMPA FL 33606**

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

TITLE ☐ **Delete**
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ **Change** ☐ **Addition**
NAME
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CITY-ST-ZIP

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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 *Bessie B Edelstein* **BESSIE B EDELSTEIN**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (9/01)