

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # 352204

1. Entity Name

BISCAYNE SPORTSWEAR MANUFACTURING CO

FILED
Jan 31, 2000 8:00 am
Secretary of State

01-31-2000 90006 033 ***150.00



DO NOT WRITE IN THIS SPACE

Principal Place of Business

Mailing Address

2101 W. 4TH AVENUE
HIALEAH FL 33010

2101 W. 4TH AVENUE
HIALEAH FL 33010-2431

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

59-1270498

Applied For

Not Applicable

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

ALCHEK, FRED
2101 W 4TH AVE
HIALEAH, FL
33010

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, 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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE PD
NAME ALCHEK, EDITH
STREET ADDRESS 1524 NW 182 AVE
CITY-ST-ZIP PEMBROKE PINES FL ☐ Delete

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

TITLE VTD
NAME ALCHEK, FRED
STREET ADDRESS 1524 NW 182 AVE
CITY-ST-ZIP PEMBROKE PINES FL ☐ Delete

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

TITLE D
NAME ALCHEK, MAXINE
STREET ADDRESS 45 BAY STATE AVE #3
CITY-ST-ZIP SOMERVILLE MA ☐ Delete

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

TITLE S
NAME SHLOMI, FRANCES
STREET ADDRESS 11360 LAKE SHORE DRIVE
CITY-ST-ZIP COOPER CITY FL ☐ Delete

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

TITLE
NAME ☐ Delete
STREET ADDRESS
CITY-ST-ZIP

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

TITLE
NAME ☐ Delete
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME ☐ Change ☐ Addition
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:

Edith Alchek
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Edith Alchek 1/18/2000 - PRESIDENT
Date Daytime Phone #

CR2E034 (9/99)