2002 UNIFORM BUSINESS REPORT (UBR)

May 10, 2002 8:00 am Secretary of State FILED DOCUMENT # 469559 1. Entity Name 05-10-2002 90043 030 ***150.00 MISHY SPORTSWEAR, INC. Principal Place of Business Mailing Address 13200 N.W. 45TH AVE. 13200 N.W. 45TH AVE. 358821 OPA LOCKA FL 33054 OPA LOCKA FL 33054 2. Principal Place of Business 3. Mailing Address 19th COURT 7305 COUR 7305 DO NOT WRITE IN THIS SPACE City & State Gity & State Applied For HIALEAH Not Applicable \$8.75 Additional 33014 l:5.A 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name CORPORATION COMPANY OF MIAMI Street Address (P.O. Box Number is Not Acceptable) 201 S BISCAYNE BLVD MIAMI FL 33131 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** Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) 7 9. This corporation is eligible to satisfy its Intangible FILE NOW!!! FEE IS \$150.00 10. Election Campaign Financing \$5.00 May Be Tax filing requirement and elects to do so. After May 1, 2002 Fee will be \$550.00 Trust Fund Contribution. Added to Fees (See criteria on back) Make Check Payable to Department of State 11. OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 TITLE Delete TITLE Change ☐ Addition ALBALA, G M NAME NAME 991 TROPICAL WAY 2640 S UNIVERSITY DR #308 STREET ADDRESS STREET ADDRESS DAVIE FL 33328 CITY-ST-ZIP CITY-ST-ZIP TITLE A Delete TITLE LIPSON, SONIA M NAME NAME STREET ADDRESS 9325 SW 108TH ST STREET ADDRESS CITY:ST-ZIP MIAMI FL 33176 CITY-ST-ZIP TITLE X Delete TITLE Change ☐ Addition LIPSON, SANDY NAME NAME 9325 SW 108TH STREET STREET ADDRESS STREET ADDRESS CITY-ST-7IP Miami FL 33176 CITY-ST-ZIP TITLE ☐ Delete TITLE Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete TITLE ☐ Change ☐ Addition NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP □ Delete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP

MICHAEL ALBILA SIGNATURE:

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 attpendment with an address, with all other like empowered.