

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # 643104

1. Entity Name

INTERNATIONAL APPAREL MART, INC.

FILED
Jan 19, 2000 8:00 am
Secretary of State

01-19-2000 90125 030 ***150.00

Principal Place of Business

4210 L B MCLEOD RD
#109
ORLANDO FL 32811

Mailing Address

4210 L B MCLEOD RD
#109
ORLANDO FL 32811-6453

2. Principal Place of Business

3330 S. VINELAND RD #22

3. Mailing Address

3330 S. VINELAND ROAD

Suite, Apt. #, etc.

#C

Suite, Apt. #, etc.

#C

City & State

ORLANDO, FLORIDA

City & State

ORLANDO, FLORIDA

Zip

32811

Country

ORANGE

Zip

32811

Country

ORANGE

4. FEI Number

59-2068157

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

MEHTA, SHARAD
6701 TAMARIND CIRCLE
ORLANDO FL 32819

7. Name and Address of New Registered Agent

Name

SHARAD MEHTA

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

6701 TAMARIND CIRCLE

City

ORLANDO

FL

Zip Code
32819

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

Sharad Mehta

JAN 6, 2000

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

TITLE ☐ Delete
NAME P
STREET ADDRESS MEHTA, SHARAD
CITY-ST-ZIP 6701 TAMARIND CIRCLE
ORLANDO FL

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

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
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
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STREET ADDRESS
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:

Sharad Mehta

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (9/99)