

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # 681855	
1. Entity Name DYNASTY APPAREL INDUSTRIES, INC.	
Principal Place of Business 13000 N.W. 42nd Avenue Opa Locka, FL 33054	Mailing Address 13000 N.W. 42nd Avenue Opa Locka, FL 33054
2. Principal Place of Business	3. Mailing Address
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State	City & State
Zip	Country

AMENDED

FILED

01 SEP 10 PM 5:08

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

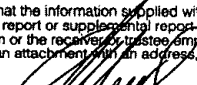
DO NOT WRITE IN THIS SPACE

4. FEI Number 59-2039420		Applied For ☐ Not Applicable
5. Certificate of Status Desired ☐		\$8.75 Additional Fee Required
6. Name and Address of Current Registered Agent Mendez, Armando 13000 N.W. 42nd Avenue Opa Locka, FL 33054		
7. Name and Address of New Registered Agent 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, 2001 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 NAME STREET ADDRESS CITY-ST-ZIP	T Mendez, Ovidio L. 13000 N.W. 42nd Avenue Opa Locka, FL 33054 ☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	600004602836--5 -09/20/01--01071--006 ****51.25****51.25 ☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VSD Mendez, Armando 13000 N.W. 42nd Avenue Opa Locka, FL 33054 ☒ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	EVP/D Mendez, Armando 13000 N.W. 42nd Avenue Opa Locka, FL 33054 ☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	P/D Mendez, Ignacio 13000 N.W. 42nd Avenue Opa Locka, FL 33054 ☐ Change ☒ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	S/D Mendez, Caridad 13000 N.W. 42nd Avenue Opa Locka, FL 33054 ☐ Change ☒ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition

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, 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  **IGNACIO MENDEZ** 8/14/01 (305) 376-6000
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone

CR2E034 (11/00)