

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # 834530

1. Entity Name

GARMENT CORPORATION OF AMERICA

**FILED**  
**May 15, 2000 8:00 am**  
**Secretary of State**

05-15-2000 90256 018 \*\*\*158.75

Principal Place of Business

801 WEST 41 STREET  
THIRD FLOOR  
MIAMI BEACH FL 33140  
US

Mailing Address

801 WEST 41 STREET  
THIRD FLOOR  
MIAMI BEACH FL 33140-3323  
US

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

38-1847868

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

PADRON, ENRIQUE  
801 ARTHUR GODFREY ROAD, #300  
MIAMI BEACH FL 33140

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  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
CEOD  
SHULEVITZ, JOSEPH  
60 LA GORCE CIRCLE  
MIAMI FL



TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
ST  
PADRON, ENRIQUE  
4344 SW 148 AVE. CT.  
MIAMI FL



TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
VD  
HOFFMAN, NORMAN N  
4079 N 49TH AVE  
HOLLYWOOD FL



TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
PSD  
SHULEVITZ, DAVID J.  
2277 SUNSET DR.  
MIAMI BEACH FL



TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
V  
BENNETT, LLOYD  
438 POINCIANA ISLAND DR.  
MIAMI BEACH FL



TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
VP  
REECE, WILLIAM  
101 SNODDY ROAD, BOX 417  
DOUBLE SPRINGS AL



TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP



TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP



TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP



TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP



TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP



TITLE  
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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

ENRIQUE  
PADRON 4/27/00

(305) 531-4040

CR2E034 (9/99)