## 2002 UNIFORM BUSINESS REPORT (UBR)

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

## May 22, 2002 8:00 am Secretary of State **DOCUMENT #** 834530 1. Entity Name 05-22-2002 90161 037 \*\*\*158 GARMENT CORPORATION OF AMERICA Principal Place of Business Mailing Address 801 WEST 41 STREET 801 WEST 41 STREET THIRD FLOOR THIRD FLOOR MIAMI BEACH FL 33140 MIAMI BEACH FL 33140 2. Principal Place of Business 3. Mailing Address DO NOT WRITE IN THIS SPACE Suite, Apt. #, etc. Suite, Apt. #, etc. Applied For City & State 4. FEI Number City & State 38-1847868 Not Applicable Country Country \$8.75 Additional Zip 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent Name PADRON, ENRIQUE Street Address (P.O. Box Number is Not Acceptable) 801 ARTHUR GODFREY ROAD, #300 MIAMI BEACH FL 33140 Zip Code City 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 (NOTE: Registered Agent signature required when reinstating) Signature, typed or printed name of registered agent and title if applicable. FILE NOW!!! FEE IS \$150.00 9. This corporation is eligible to satisfy its Intangible 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 ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 OFFICERS AND DIRECTORS 11. ☐ Delete TITLE CEOD TITLE SHULEVITZ, JOSEPH NAME NAME STREET ADDRESS **60 LA GORCE CIRCLE** STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP MIAMI FL ☐ Addition ☐ Defete TITLE TITLE NAME NAME PARDRON, ENRIQUE 15041 S.W. AS TERRACE STREET ADDRESS STREET ADDRESS 4344 SW 148 AVE. CT. CITY-ST-ZIP CITY-ST-7IP MIAMI FL ☐ Change ☐ Addition -- □ Delete TITI F TITLE TSDV NAME SHULEVITZ, DAVID J. STREET ADDRESS STREET ADDRESS 2277 SUNSET DR. CITY-ST-ZIP CITY-ST-ZIP MIAMI BEACH FL ☐ Change Addition TITLE ☐ Delete TITLE NAME NAME BENNETT, LLOYD STREET ADDRESS STREET ADDRESS 438 POINCIANA ISLAND DR. CITY-ST-ZIP CITY-ST-ZIP MIAMI BEACH FL Change Addition ■ Delete TITLE EDMUND RUMOWICZ NAME NAME REECE, WILLIAM 7255 12 FIVE STREET ADDRESS STREET ADDRESS 101 SNODDY ROAD, BOX 417 CITY-ST-ZIP HOLLY MOOD ET 33012 CITY-ST-ZIP **DOUBLE SPRINGS AL** ☐ Change Addition ☐ Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP 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 of 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.

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**FILED**