

2000 UNIFORM BUSINESS REPORT (UBR)

1 of 3

DOCUMENT # **F13189**

1. Entity Name

NEW-PONCE SHIRT COMPANY, INC.

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

00 MAY 11 AM 9:35

Principal Place of Business

Highway 90 West
Pitt Scott Industrial Bldg
334 Midtown Station
NEW YORK, NY, 10018

Mailing Address

P.O. Box 334
Midtown Station
New York, NY 10018

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

03-03-99 90669 005 \$150.00
DO NOT WRITE IN THIS SPACE

4. FEI Number

59-2041700

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

Bonnie K. Roberts,
402 N. Oklahoma St
Bonifay, FL 32425

Name

Owen N. Powell

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

201 N. Harvey Etheridge Street

City

Bonifay

FL

Zip Code

32425

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 **Owen N. Powell**

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

3/15/00

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 **PRESIDENT-DIRECTOR** ☐ Delete

NAME **Stackman, Howard**
STREET ADDRESS **1359 Broadway #700**
CITY-ST-ZIP **New York, NY**

TITLE ☐ Change ☐ Addition

TITLE **SECRETARY-DIRECTOR** ☐ Delete

NAME **Stackman, Gail**
STREET ADDRESS **1359 Broad Way #700**
CITY-ST-ZIP **New York, NY**

TITLE ☐ Change ☐ Addition

TITLE ☐ Delete

NAME ☐ Delete

STREET ADDRESS ☐ Delete

CITY-ST-ZIP ☐ Delete

TITLE ☐ Change ☐ Addition

NAME ☐ Change ☐ Addition

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TITLE ☐ Change ☐ Addition

NAME ☐ Change ☐ Addition

STREET ADDRESS ☐ Change ☐ Addition

CITY-ST-ZIP ☐ Change ☐ Addition

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 empowerments.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

HOWARD STACKMAN PRESIDENT

3/30/00

Date

212-594-9377

Daytime Phone #

CR2E034 (9/99)

2083

NEW PONCE SHIRT CO., INC.

P.O. BOX 334
NEW YORK, N.Y. 10018

May 2, 2000

Florida Department of State
Division of Corporations
P. O. Box 6327
Tallahassee, Florida 32314

ATTN: MR. SEAN TONER - SENIOR SECTION ADMINISTRATOR

SUBJECT: REFERENCE # F13189

Dear Mr. Toner:

As per telephone conversation of today, we are enclosing copies of the letters from Mr. Howell & Mr. Powell; attorneys.

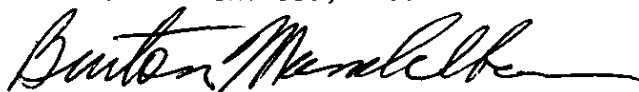
We were under the impression that Mr. Howell was correcting the initial forms as you directed several times as we replied. But on Sept. 7, 1999 Mr. Howell came forth and wrote us he will no longer act as our agent.

In all the years we have done business with the State of Florida we acted in good faith. We would appreciate it if you can abate the \$600.00 fee and accept our check of \$150. 00 as full payment.

Your cooperation is appreciated.

Thank you,

NEW PONCE SHIRT CO., INC.



Burton Mandelbaum-Controller

BM/rb
Encl. 2 LETTERS
1 OK
1 FORM

WILLIAM S. HOWELL, JR., P.A.
ATTORNEY AT LAW

ADMITTED TO PRACTICE IN FLORIDA & COLORADO

Office Administrator:
Shawna Faison

Paralegal:
Gina H. Metcalf

1314 Jackson Avenue
Post Office Box 98
Chipley, Florida 32428

Telephone (850) 638-7587
Facsimile (850) 638-3409

E-Mail Address:
billhowell@digitalexp.com

September 7, 1999

Ms. Diane Drobner
New Ponce Shirt Co., Inc.
Post Office Box 334
New York, New York 10018

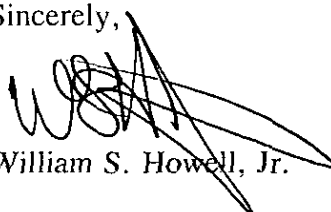
Re: *New Ponce Shirt Co., Inc./Appointment as Registered Agent*

Dear Ms. Drobner:

This letter is to advise that I will be unable to serve as registered agent for New Ponce Shirt Co., Inc., as I am closing my practice and will be moving from the area. I would suggest that, if you do not wish to retain a new attorney at this time, you allow your local contact to serve in that capacity. Florida law does not require that an attorney serve as registered agent.

Please call if you have any questions.

Sincerely,



William S. Howell, Jr.

WSHJr:sf

Replaced by Duane Powell
850 547-4257