

2000 UNIFORM BUSINESS REPORT (UBR)**DOCUMENT # F92000001003**

1. Entity Name

M.J. APPAREL, INC.**FILED**
Jan 25, 2000 8:00 am
Secretary of State

01-25-2000 90069 022 ***150.00

Principal Place of Business

**990 SOUTH ROGERS CIRCLE, SUITE 10
BOCA RATON FL 33487**

Mailing Address

**C/O ARIE MREJEN, P.A.
701 WEST CYPRESS CREEK ROAD, SUITE 302
FORT LAUDERDALE FL 33309-2045
US**

2. Principal Place of Business

NONE - OUT OF BUSINESS

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

14-1747583

Applied For

Not Applied

Zip

Country

Zip

Country

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

**MREJEN, ARIE P.A.
701 WEST CYPRESS CREEK ROAD
SUITE 302
FORT LAUDERDALE FL 33309**

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 State10. 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
**PVTS
ABITBOL, PROSPER
701 WEST CYPRESS CREEK ROAD, #302
FORT LAUDERDALE FL 33309** ☐ DeleteTITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**PVTS
CECILE REYAH % ARIE MREJEN
701 WEST CYPRESS ROAD #302
FORT LAUDERDALE, FL 33309** ☒ Change ☐ AddTITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ DeleteTITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ AddTITLE
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CITY-ST-ZIP ☐ DeleteTITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Add

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 #

C0010629



DO NOT WRITE IN THIS SPACE

Jan 10, 2000 (561) 893-0000