

# 2000 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Mar 17, 2000 8:00 am**  
**Secretary of State**

03-17-2000 90027 045 \*\*\*150.00

00039956



DO NOT WRITE IN THIS SPACE

DOCUMENT # F98000000268

1. Entity Name  
**WEEZEE WEAR INC.**

Principal Place of Business

Mailing Address

111 HILLS AVENUE, NW  
 ATLANTA GA 30318

4720 CHAMBLEE DUNWOODY RD.  
 DUNWOODY GA 30338-6002-  
 US

2. Principal Place of Business

621 Lakeview Rd.

3. Mailing Address

1834 Independence Square

Suite, Apt. #, etc.

Suite, Apt. #, etc.

Suite B

City & State  
 Clearwater, FL

City & State  
 Dunwoody, GA

Zip  
 33750

Country  
 USA

Zip  
 30338

Country  
 USA

4. FEI Number

58-2128154

Applied For

Not Applicable

5. Certificate of Status Desired



\$8.75 Additional  
 Fee Required

6. Name and Address of Current Registered Agent

BENJAMIN, LOUISA G  
 108 HARBOR VIEW LANE  
 LARGO FL 33770

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 N/A

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 P  
 NAME BENJAMIN, LOUISA G  
 STREET ADDRESS 108 HARBOR VIEW LANE  
 CITY-ST-ZIP LARGO FL 33770



TITLE  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP



TITLE T  
 NAME GALANTI, SAM R  
 STREET ADDRESS 2657 RIDGE VALLEY RD., NW  
 CITY-ST-ZIP ATLANTA GA 30327



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



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 another line empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Treasurer

SAM R. GALANTI

3-10-2000

404 358976

Date

Daytime Phone #

CR2F034 (9/99)