

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # H31279

1. Entity Name

JUST SHIRTS, N.M.B., INC.

**FILED**  
**May 04, 2000 8:00 am**  
**Secretary of State**

05-04-2000 90178 004 \*\*\*150.00

Principal Place of Business

Mailing Address

% UNITED STATES COPORATION COMPANY  
1620 GRAND AVE.  
BALDWIN NY 11510

% UNITED STATES COPORATION COMPANY  
1620 GRAND AVE.  
BALDWIN NY 11510-1807

2. Principal Place of Business

3. Mailing Address

71 CLINTON ROAD

71 CLINTON ROAD

Suite, Apt. #, etc.

Suite, Apt. #, etc.

LOWER LEVEL

LOWER LEVEL

City & State

City & State

GARDEN CITY NEW YORK

GARDEN CITY NEW YORK

Zip

Country

Zip

Country

11530

USA

11530

USA

6. Name and Address of Current Registered Agent

4. FEI Number 11-2757659

Applied For  
Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional  
Fee Required

7. Name and Address of New Registered Agent

Name

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

City

FL

Zip Code

UNITED STATES CORPORATION COMPANY  
1201 HAYS STREET  
SUITE 105  
TALLAHASSEE FL 32301

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 ☐ Delete  
NAME PD  
STREET ADDRESS SIEGEL, WILLIAM R.  
CITY-ST-ZIP 1620 GRAND AVE.  
BALDWIN NY

TITLE ☒ Change ☐ Addition  
NAME  
STREET ADDRESS 71 CLINTON ROAD - LOWER LEVEL  
CITY-ST-ZIP GARDEN CITY NEW YORK 11530

TITLE ☐ Delete  
NAME SD  
STREET ADDRESS LUBEL, ALICE  
CITY-ST-ZIP 8201 NW 12 CT.  
PLANTATION FL

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME D  
STREET ADDRESS SUGARMAN, TAMMY  
CITY-ST-ZIP 7 NORTH CT.  
OYSTER BAY COVE NY

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME AS  
STREET ADDRESS DRUCKER, ANDREA  
CITY-ST-ZIP 3 COPPERBERRY PL  
MERRICK NY

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
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: *William R. Siegel* WILLIAM R. SIEGEL

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/24/00

Date

(716) 867-6800

Daytime Phone #