

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Mar 11, 2002 8:00 am
Secretary of State

03-11-2002 90018 041 ***150.00

05/6313 AT

DOCUMENT # H31279

1. Entity Name

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

SV

Principal Place of Business

Mailing Address

~~71 CLINTON RD~~ **146 HANJE AVE** ~~71 CLINTON RD~~ **146 HANJE AVE**
~~LOWER LEVEL~~ **FREEPORT NY 11520** ~~LOWER LEVEL~~ **FREEPORT NY 11520**
~~GARDEN CITY NY 11530~~



2. Principal Place of Business

3. Mailing Address

146 HANJE AVE **146 HANJE AVE**

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

FREEPORT NY **FREEPORT NY**

Zip

Country

Zip

Country

11520 **11520**

4. FEI Number

11-2757659

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

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

Name

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

City

FL

Zip Code

8. The above named agent 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, 2002 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 **P**
STREET ADDRESS **COHEN, ALAN R**
CITY-ST-ZIP **105 GATE LANE 12 SCARBOROUGH**
LEVITTOWN NY 11758 SMITH TOWN NY

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

TITLE ☐ Delete
NAME **S**
STREET ADDRESS **LUBEL, RONALD**
CITY-ST-ZIP **25 ARLINGTON CT 11787**
EAST HILLS NY 11576

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

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
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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:

[Signature]

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

PREV

2/18/02

516 867 6600

Date

Daytime Phone #

CR2E034 (9/01)