

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # H73784

1. Entity Name
JUST SHIRTS, WESTLAND, INC.

306

FILED
Feb 28, 2001 8:00 am
Secretary of State

02-28-2001 90044 030 ***150.00

Principal Place of Business

Mailing Address

71 CLINTON ROAD
LOWER LEVEL
GARDEN CITY NY 11530

71 CLINTON ROAD
LOWER LEVEL
GARDEN CITY NY 11530

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number 58-1697862

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

DO NOT WRITE IN THIS SPACE



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 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's 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, 2001 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 **CEO** ☐ Delete
NAME **SIEGEL, WILLIAM, R**
STREET ADDRESS **71 CLINTON RD-LOWER LEVEL**
CITY-ST-ZIP **GARDEN CITY NY 11530**

TITLE **Pres** ☒ Change ☐ Addition
NAME **ALAN R. COHEN**
STREET ADDRESS **105 GATE LANE**
CITY-ST-ZIP **LEVITTOWN NY 11756**

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

TITLE **Jay** ☒ Change ☐ Addition
NAME **RONALD LUBEL**
STREET ADDRESS **25 ARLINGTON CT**
CITY-ST-ZIP **EAST HILL NY 11576**

TITLE **AS** ☒ Delete
NAME **DRUCKER, ANDREA**
STREET ADDRESS **3 COPPERBEECH PL**
CITY-ST-ZIP **MERRICK NY**

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

TITLE **D** ☒ Delete
NAME **SUGARMAN, TAMMY**
STREET ADDRESS **7 NORTH CT**
CITY-ST-ZIP **OYSTER BAY COVE 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:

Ronald Lubel **RONALD LUBEL Jay** 2/28/01 516 817 6700
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (10/00)