

2002 UNIFORM BUSINESS REPORT (UBR)

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

0576348 AT

DOCUMENT # H73784

1. Entity Name

JUST SHIRTS, WESTLAND, INC.

306

03-11-2002 90018 025 ***150.00

Principal Place of Business

~~71 CLINTON ROAD~~

~~LOWER LEVEL~~

~~GARDEN CITY NY 11530~~

Mailing Address

~~71 CLINTON ROAD~~

~~LOWER LEVEL~~

~~GARDEN CITY NY 11530~~

2. Principal Place of Business

146 HANSE AVE

3. Mailing Address

146 HANSE AVE

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

FREEPORT NY

City & State

FREEPORT NY

Zip

11520

Country

Zip

11520

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

UNITED STATES CORPORATION COMPANY

1201 HAYS STREET

SUITE 105

TALLAHASSEE FL 32301

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

(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

TITLE ☐ Delete
NAME P
STREET ADDRESS COHEN, ALAN R
CITY-ST-ZIP 71 CLINTON RD-LOWER LEVEL 12 5 ARBORDAVE
GARDEN CITY NY 11530 5 HILLYARD AVE
11787

TITLE ☐ Delete
NAME S
STREET ADDRESS LUBEL, RONALD
CITY-ST-ZIP 25 ARLINGTON COURT
ROSLYN NY 11576

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

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

TITLE ☐ Change ☐ Addition
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

PRAS

2/18/02

514 867 6400

Date

Daytime Phone #

CR2E034 (9/01)