

**2000 UNIFORM BUSINESS REPORT (UBR)**

**FILED**  
**Jul 19, 2000 8:00 am**  
**Secretary of State**

07-19-2000 90154 008 \*\*\*550.00

**DOCUMENT # L45497**

1. Entity Name  
**DANA UNDIES, INC.**

Principal Place of Business 709 MAGNOLIA HWY 62 EAST BLAKELY GA 31723 US	Mailing Address 709 MAGNOLIA HWY 62 EAST BLAKELY GA 31723 US
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2. Principal Place of Business Suite, Apt. #, etc. City & State Zip Country	3. Mailing Address Suite, Apt. #, etc. City & State Zip Country
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DO NOT WRITE IN THIS SPACE

4. FEI Number <b>65-0169456</b>	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75</b> Additional Fee Required

6. Name and Address of Current Registered Agent <del>TED KLINGHOFFER C/O STEARNS WEAVER MILLER</del> 150 WEST FLAGLER ST MIAMI FL 33130	7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City <b>FL</b> Zip Code
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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 \_\_\_\_\_ DATE \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. <input type="checkbox"/> (See criteria on back)	<b>FILE NOW!!! FEE IS \$550.00</b> After <b>SEPTEMBER 13, 2000</b> Min. will be <b>\$750.00</b> Make Check Payable to Department of State	10. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00</b> May Be Added to Fees
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11. OFFICERS AND DIRECTORS		12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D</b> VARON, LOUIS 11391 BOCA WOODS LN BOCA RATON FL <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>P</b> VARON, STEVE 709 MAGNOLIA HWY 62 EAST BLAKELY GA <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

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] \* 9/2 723 4/00**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (5/00)

To: Dana Undies, Inc.

**INSTRUCTIONS FOR FILING ATTACHED TAX RETURN**  
 (Please Note Items Checked)

**TAX RETURN ENCLOSED:**

- Federal Income
- Federal Estimated Income
- State Income
- State Estimated Income
- State Franchise
- City Income
- City Estimated Income
- M.T.A. Business Tax-Surcharge Report
- 2000 Uniform Business Report

**DUE DATE**

- April 15, 20\_\_
- Upon Receipt
- September 13<sup>th</sup>, 2000.

**TAX DUE**

\$ 550.00

- Pay in full with this return
- Pay in installments, as follows:
  - With this return \$ \_\_\_\_\_
  - On or before 15, 20 \$ \_\_\_\_\_
  - On or before 15, 20 \$ \_\_\_\_\_
  - On or before 15, 20 \$ \_\_\_\_\_
- TAX OVERPAYMENT \$ \_\_\_\_\_
  - Total Overpayment
  - Credited to Estimated Tax \$ \_\_\_\_\_
  - Refund Due You \$ \_\_\_\_\_

**DRAW CHECK PAYABLE TO:**

- United States Treasury
- NY State Income Tax
- NY State Corporation Tax
- NYC Dept. of Finance
- State of New Jersey
- NYS Dept. of Law
- Department of State

SPECIAL INSTRUCTIONS, AS FOLLOWS:

USE ENVELOPE ENCLOSED

**SIGN ON PAGE** 1

- Corporate Officer
- Partner
- Husband and Wife
- You Only
- Trustee
- Executor or Executrix
- \_\_\_\_\_

**MAIL TO:**

- Internal Revenue Service
  - Holtsville, NY 00501
  - P.O. Box 162, Newark, NJ 07101-0162
  - Andover, MA 05501
  - Philadelphia, PA 19255
  - Atlanta, GA 39901

- Processing Unit
  - P.O. 1909
  - Albany, NY 12201-1909
- State Processing Center
  - PO Box 61000
  - Albany, NY 12261-0001

- NYC Department of Finance
  - P.O. Box 3900, Church Street Station
  - New York, NY 10008-3900

- NYC Department of Finance
  - P.O. Box \_\_\_\_\_, Wall Street Station
  - New York, NY 10005

- NYC Department of Finance
  - Box \_\_\_\_\_
  - Wall Street Station
  - New York, NY 10268

- Division of Corporations  
Uniform Business Report Filing  
P.O. Box 1500  
Tallahassee, FL 32302-1500

- Affix Corporate Seal
- Notary Required

**JUL 13 2000**