

2000 UNIFORM BUSINESS REPORT (UBR)

0201754

DOCUMENT # L69064

1. Entity Name
BISCAYNE APPAREL, INC.

Principal Place of Business 2665 SOUTH BAYSHORE DRIVE 8TH FLOOR MIAMI FL 33131		Mailing Address 2665 SOUTH BAYSHORE DR. SUITE 800 MIAMI FL 33133-5401	
2. Principal Place of Business		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country

FILED
00 FEB 16 PM 1:50
SECRETARY OF STATE
TALLAHASSEE, FLORIDA



DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent KLEIN, PETER W 2665 S BAYSHORE DR SUITE 800 MIAMI FL 33133				7. Name and Address of New Registered Agent Name <i>Maria C. Caltejas</i> Street Address (P.O. Box Number is Not Acceptable) City FL 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 *Maria C Caltejas* DATE *1/4/00*
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. (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	S	<input type="checkbox"/> Delete		TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	KUFFNER, MARILYN			NAME			
STREET ADDRESS	2665 S. BAYSHORE DR			STREET ADDRESS	300003145153--4		
CITY-ST-ZIP	MIAMI FL			CITY-ST-ZIP	-02/23/00--01038--001		
TITLE	D	<input type="checkbox"/> Delete		TITLE	***150.00	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	GEORGE, PHILLIP T. M.D.			NAME			
STREET ADDRESS	2665 SOUTH BAYSHORE DR., SUITE 800			STREET ADDRESS			
CITY-ST-ZIP	MIAMI FL 33133			CITY-ST-ZIP			
TITLE	PTCO	<input type="checkbox"/> Delete		TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	VANDENBERG, PETER JR			NAME			
STREET ADDRESS	2665 S. BAYSHORE DR.			STREET ADDRESS			
CITY-ST-ZIP	MIAMI FL 33133			CITY-ST-ZIP			
TITLE	DCOB	<input type="checkbox"/> Delete		TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	POWELL, EARL W			NAME			
STREET ADDRESS	2665 S BAYSHORE DR SUITE 800			STREET ADDRESS			
CITY-ST-ZIP	MIAMI FL			CITY-ST-ZIP			
TITLE	D	<input type="checkbox"/> Delete		TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	LEFLER, R. STEPHEN			NAME			
STREET ADDRESS	97 WINFIELD CIRCLE			STREET ADDRESS			
CITY-ST-ZIP	HARTWELL GA			CITY-ST-ZIP			
TITLE	CEO	<input type="checkbox"/> Delete		TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	POWELL, EARL W			NAME			
STREET ADDRESS	2665 S. BAYSHORE DR., STE. 800			STREET ADDRESS			
CITY-ST-ZIP	MIAMI FL			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]* **REQUIRED** DATE: *1-17-00* DAYTIME PHONE #: *305/858-2200*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E034 (9/99)

SP