

2001 UNIFORM BUSINESS REPORT (UBR)

0028031 AF

DOCUMENT # **L99000008768**

1. Entity Name

ONTY SPORTSWEAR, L.C.

FILED

01 APR 30 PM 6:30

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Principal Place of Business

12676 N.W. 7TH LANE
MIAMI FL 33182

Mailing Address

12676 N.W. 7TH LANE
MIAMI FL 33182

2. Principal Place of Business

5207 SW 152 Ct

3. Mailing Address

5207 SW 152 Ct

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

Miami

City & State

Miami, FL

Zip

33185

Country

USA

Zip

33185

Country

USA

4. FEI Number

65-0992268

Applied For

Not Applicable

5. Certificate of Status Desired



\$5.00 Additional
Fee Required

DO NOT WRITE IN THIS SPACE



6. Name and Address of Current Registered Agent

OROZCO, CLAUDIA
5207 SW 152ND COURT
MIAMI FL 33185

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

Signature, typed or printed name of registered agent and title if applicable.

(NOT: Registered Agent signature required when reinstating)

DATE

FILE NOW!!! FEE IS \$50.00
Make Check Payable to Department of State

9. MANAGING MEMBERS/MEMBERS

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
MGRM
OROZCO, MARIA M
6235 S.W. KENDALL LAKE CIRCLE, C-140
MIAMI FL 33183 ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
MGRM
OROZCO, CLAUDIA
6235 S.W. KENDALL LAKE CIRCLE, C-140
MIAMI FL 33183 ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Delete

10. ADDITIONS/CHANGES

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
5207 SW 152 Ct
Miami, FL 33185 ☒ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
5207 SW 152 Ct
Miami, FL 33185 ☒ Change ☐ Addition

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

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
000004218090-017
-05/15/01--01107--017
*****50.00 *****50.00 ☐ Change ☐ Addition

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

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

11. 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 is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am a managing member or manager of the limited liability company or the receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

4/24/01 (786) 512-6536
Date Daytime Phone #

CR2E083 (11/00)