

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 22, 2002 8:00 am
Secretary of State

04-22-2002 90220 049 ***150.00

DOCUMENT # M11229

1. Entity Name

SPEC SPORTSWEAR INC.

Principal Place of Business

**2001 NORTH FEDERAL HIGHWAY
 DELRAY BEACH FL 33483
 US**

Mailing Address

**591 N. UNIVERSITY DR.
 PLANTATION FL 33324
 US**

2. Principal Place of Business

591 N. UNIVERSITY DR.

3. Mailing Address

Suite, Apt. #, etc.

City & State

PLANTATION FL

City & State

Zip

33324

Country

US

Country

4. FEI Number

59-2509265

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
 Fee Required

6. Name and Address of Current Registered Agent

**MANDELL, PAULETTE
 591 NORTH UNIVERSITY DRIVE
 PLANTATION FL 33324**

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.

(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 **PD** ☐ Delete
 NAME **MANDELL, PAULETTE**
 STREET ADDRESS **591 NORTH UNIVERSITY DR.**
 CITY-ST-ZIP **PLANTATION FL**

TITLE **VD** ☐ Delete
 NAME **MANDELL JOEL**
 STREET ADDRESS **591 NO UNIVERSITY DR**
 CITY-ST-ZIP **PLANTATION FL**

TITLE **VD** ☐ Delete
 NAME **MANDELL, MARK**
 STREET ADDRESS **591 NO UNIVERSITY DR**
 CITY-ST-ZIP **PLANTATION FL 33324**

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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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

Joel Mandell **JOEL MANDELL**
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/11/02
 Date

(954) 472-8046
 Daytime Phone #

CR2E034 (9/01)