

**2004 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Aug 30, 2004 08:00 AM
Secretary of State

DOCUMENT # M91859 1. Entity Name UNIFORM AUTHORITY, INC.	
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Principal Place of Business 999 NW 159 DR MIAMI, FL 33169 US	Mailing Address 999 NW 159 DR MIAMI, FL 33169 US
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DO NOT WRITE IN THIS SPACE



08252004 No Chg-P CR2E034 (10/03)

4. FEI Number 65-0065877	Applied For Not Applicable
5. Certificate of Status Desired ☐	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

BAREA, EDUARDO
7141 LAGO DR EAST (COCOPLUM)
CORAL GABLES, FL 33143

**DO NOT WRITE
IN THIS SPACE**

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE _____ (NOTE: Registered Agent signature required when reinstating) _____ DATE _____

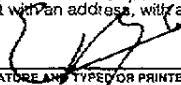
FILE NOW!!! FEE IS \$150.00 Due by September 8, 2004	9. Election Campaign Financing Trust Fund Contribution. ☐ \$5.00 May Be Added to Fees	In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.
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10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	DP BAREA, EDUARDO 7141 E LAGO DR, COCOPLUM CORAL GABLES, FL 33143
TITLE NAME STREET ADDRESS CITY - ST - ZIP	DV BAREA, LELAINE 7141 EAST LAGO DR, COCOPLUM CORAL GABLES, FL 33143
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08/30/04-80008-017 150.00

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IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 19.07(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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:  EDUARDO BAREA	8/26/04	305-625-3036
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR	Date	Daytime Phone #