

2000 UNIFORM BUSINESS REPORT (UBR)

FILED
May 12, 2000 8:00 am
Secretary of State

05-12-2000 90084 009 ****61.25

DOCUMENT #

N14198

1. Entity Name

UNITED STATES APPAREL INDUSTRY COUNCIL, INC.

Principal Place of Business

Mailing Address

5200 Blue Lagoon Dr. Ste. 600
 Miami, FL 33126

5200 Blue Lagoon Dr. Ste. 6
 Miami, FL 33126

80091376

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

59-2701429

Applied For

Not Applicable

DO NOT WRITE IN THIS SPACE

Zip

Country

Zip

Country

5. Certificate of Status Desired

\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

Travis, Thomas G.
 5200 Blue Lagoon Drive, Ste. 600
 Miami, FL 33126

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

FILE NOW:
FEE IS \$61.25

9. Election Campaign Financing Trust Fund Contribution.

\$5.00 May Be Added to Fees

Make Check Payable to Department of State

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	D	<input type="checkbox"/> Delete
NAME	COOK, JERRY	
STREET ADDRESS	1000 E HANES MILL RD	
CITY-ST-ZIP	WINSTON-SALEM NC 27105	
TITLE	D	<input type="checkbox"/> Delete
NAME	ROWAN, ROBERT	
STREET ADDRESS	335 CHURCH CT	
CITY-ST-ZIP	GREENSBORO NC	
TITLE	D	<input type="checkbox"/> Delete
NAME	GALE, MICHAEL	
STREET ADDRESS	1455 PENNSYLVANIA AVE NW	
CITY-ST-ZIP	WASHINGTON DC 20004	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
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STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
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NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(l), 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 617, 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:

Jerry Cook April 23, 2000

336-519-5250

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (9/99)