

2002 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N14198

1. Entity Name

UNITED STATES APPAREL INDUSTRY COUNCIL, INC.

Principal Place of Business

5200 BLUE LAGOON DR. STE 600
MIAMI FL 33126

Mailing Address

5200 BLUE LAGOON DR. STE 600
MIAMI FL 33126

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

59-2701429

Applied For

Not Applicable

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	MANO, HOWARD	
STREET ADDRESS	7905 W. 20TH AVE	
CITY-ST-ZIP	HIALEAH FL	
TITLE	D	<input type="checkbox"/> Delete
NAME	ROWAN, ROBERT	
STREET ADDRESS	335 CHURCH CT	
CITY-ST-ZIP	GREENSBORO NC	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
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		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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)(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 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:

SIGNATURE REQUIRED
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

2/12/02 (305)267-9200

FILED
Feb 25, 2002 8:00 am
Secretary of State

02-25-2002 90070 029 ****61.25

B0033622



DO NOT WRITE IN THIS SPACE

CR2E037 (9/01)