

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Jun 07, 2001 8:00 am
Secretary of State

06-07-2001 90005 042 ***150.00

DOCUMENT # P00000031645

1. Entity Name

ALOHA RESORTWEAR, INC.

Principal Place of Business

Mailing Address

~~PO BOX 15368~~ **334 E SR 200 A1A**
FERNANDINA BEACH FL 32034

PO BOX 15368
FERNANDINA BEACH FL 32134

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

59-3641340

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

NAVON, GIL
74060 STATE ROAD 200
FERNANDINA BEACH FL 32034

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, 2001 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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ☐ Delete

PRESIDENT
GIL NAVON
111 LAUREL AVE
TYBEE GA 31328

TITLE ☐ Delete

VICE PRESIDENT
ARIKESHEL
390 MAJOR HWY
HULLAGE NY 11788

TITLE ☐ Delete

SECRETARY
RONEN NAVON
1109 LAUREL AVE
TYBEE GA 31328

TITLE ☐ Delete

TREASURER
GIL NAVON
1109 LAUREL AVE
TYBEE GA 31328

TITLE ☐ Delete

TITLE ☐ Delete

TITLE ☐ Delete

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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:

GIL NAVON

4-26-01

Date

Daytime Phone #

CR2E034 (10/00)