

# 2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**May 05, 2003 8:00 am**  
**Secretary of State**

05-05-2003 91778 037 \*\*\*150.00

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DOCUMENT # P00000034837

1. Entity Name  
N. Y. STREET WEAR, INC.



Principal Place of Business  
179 TOWNE CENTER CIR  
SANFORD FL 32771

Mailing Address  
179 TOWNE CENTER CIR  
SANFORD FL 32771



2. Principal Place of Business

189 Towne Center Cir

3. Mailing Address

Suite, Apt. #, etc.

Same

☒ CHECK HERE IF MAKING CHANGES

City & State

Sanford FL

City & State

Zip Country

32771 USA

4. FEI Number 59-3638014

Applied For  
Not Applicable

5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

SHEIKHA, SUSAN  
451 ALTAMONTE AVENUE, #1259  
ALTAMONTE SPRINGS FL 32701

7. Name and Address of New Registered Agent

Name Susan Sheikha  
Street Address (P.O. Box Number is Not Acceptable)  
545 Brightview Dr.  
City Lake Mary FL Zip Code 32746

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 Susan Sheikha  
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

**FILE NOW!!! FEE IS \$150.00**  
**After May 1, 2003 Fee will be \$550.00**  
**Make Check Payable to Florida Department of State**

9. Election Campaign Financing Trust Fund Contribution. ☐ \$5.00 May Be Added to Fees

10. OFFICERS AND DIRECTORS

TITLE D ☐ Delete  
NAME SHEIKHA, SUSAN  
STREET ADDRESS 2031 COBBLEFIELD CIR  
CITY-ST-ZIP APOPKA FL 32703

TITLE D ☐ Delete  
NAME SHEIKHA, MUSTAFA  
STREET ADDRESS 2031 COBBLEFIELD CIR  
CITY-ST-ZIP APOPKA FL 32703

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE D Sheikha SUSAN ☒ Change ☐ Addition  
NAME  
STREET ADDRESS 545 Brightview Dr.  
CITY-ST-ZIP Lake Mary, FL 32746

TITLE D Sheikha, Mustafa ☒ Change ☐ Addition  
NAME  
STREET ADDRESS 545 Brightview Dr.  
CITY-ST-ZIP Lake Mary, FL 32746

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ 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 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: SIGNATURE REQUIRED  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/25/03 407-323-7474  
Date Daytime Phone #

CR2E034 (10/02)