

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
May 17, 2001 8:00 am
Secretary of State

05-17-2001 91082 039 ***150.00

DOCUMENT # P00000055811

1. Entity Name
LOCOMOTION CLOTHING INC.

Principal Place of Business

**8405 NW 53RD STREET
 SUITE C-100
 MIAMI FL 33166**

Mailing Address

**8405 NW 53RD STREET
 SUITE C-100
 MIAMI FL 33166**

2. Principal Place of Business

13414 SW 128 Street
 Suite, Apt. #, etc.

3. Mailing Address

13414 SW 128 Street
 Suite, Apt. #, etc.

City & State

MIAMI-FLORIDA

City & State

MIAMI-FLORIDA

4. FEI Number

65-1013528

Applied For

Not Applicable

Zip

33186

Country

DADE

Zip

33186

Country

DADE

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

**BOCANEGRA, SERGIO
 8405 NW 53RD STREET
 SUITE C-100
 MIAMI FL 33166**

Name

Street Address (P.O. Box Number is Not Acceptable)

13414 SW 128 Street

City

MIAMI

FL

Zip Code

33186

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
 NAME **PVST**
 STREET ADDRESS **BOCANEGRA, SERGIO**
 CITY-ST-ZIP **854 SW 142ND PLACE**
MIAMI FL 33184

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

TITLE ☐ Delete
 NAME **D**
 STREET ADDRESS **BOCANEGRA, SERGIO**
 CITY-ST-ZIP **854 SW 142ND PLACE**
MIAMI FL 33184

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

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

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

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

SERGIO BOCANEGRA 2/1/01 (305) 775-5664

Date

Daytime Phone #

CR2E034 (10/00)