

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Jun 22, 2001 8:00 am
Secretary of State

05-24-2001 90503 034 ***150.00

DOCUMENT # P00000061046

1. Entity Name

UNITED GARMENT MANUFACTURERS ASSOCIATION, INC.

Principal Place of Business

Mailing Address

5405 NORTHWEST 102ND AVENUE, SUITE 201
SUNRISE FL 333515405 NORTHWEST 102ND AVENUE, SUITE 201
SUNRISE FL 33351

2. Principal Place of Business

3. Mailing Address

5807 West Park Rd.

Suite, Apt. #, etc.

Hollywood FL.

Suite, Apt. #, etc.

City & State:

33021

City & State

Zip

Country

U.S.A.

Zip

Country

4. FEI Number

65-1019205

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

SPIEGEL & UTRERA, P.A.
343 ALMERIA AVENUE
CORAL GABLES FL 33134

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.

(NOT 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 PSTD ☒ Delete
 NAME KLEIN, JACOB D
 STREET ADDRESS 5405 NORTHWEST 102ND AVENUE, SUITE 201
 CITY-ST-ZIP SUNRISE FL 33351

TITLE ASAD Z HOSEIN ☒ Change ☐ Addition
 NAME
 STREET ADDRESS 5807 W. PARK RD.
 CITY-ST-ZIP HOLLYWOOD, FL 33021

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

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

TITLE ☐ Delete
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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 is 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: *Asad Z. Hosein* ASAD Z. HOSEIN

3-12-01

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (10/00)