2001 UNIFORM BUSINESS REPORT (UBR)

Jun 05, 2001 8:00 am DOCUMENT # P00000076519 **Secretary of State** 05-04-2001 90091 001 \*\*\*150.00 MADIN UNIFORM CORP. Principal Place of Business Mailing Address 5262 NORTHWEST 114TH AVENUE 5262 NORTHWEST 114TH AVENUE SUITE 102 SUITE 102 MIAMI FL 33178 MIAMI FL 33178 DO NOT WRITE IN THIS SPACE Suite, Apt. # Suite, Apt Applied For Not Applicable 5. Certificate of Status Desired USA 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent Name ORKES MARGGI SPIEGEL & UTRERA, P.A. Street Address (P.O. Box Number is Not Acceptable) 343 ALMERIA AVENUE CORAL GABLES FL 33134 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 Z agent and title if applicable. (NOTE: Fir gistered Agent signature required when reinstating) 10. Election Campaign Financing FILE NOW!!! FEE IS \$150.00 9. This corporation is eligible to satisfy its intangible \$5.00 May Be After MAY 1, 2001 Fee will be \$550.00 Tax filing requirement and elects to do so. Trust Fund Contribution. Added to Fees (See criteria on back) Make Check Payable to Department of State 12. 社会 (報告 称) 与 ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 ・ 本 東 W V 2条 袋 呼ぶる OFFICERS AND DIRECTORS質 E The Street 11. Change ■ Addition PSTD TITLE TITLE KARROUM, GEORGES E KARROUM, "6 8249 N.W. NAME -NAME STILLET JUITE 121 5262 NORTHWEST-114TH AVENUE STREET ADDRESS STREET ADDRESS CITY-ST-ZIP **MIAMI FL 33178** CITY-ST-ZIP Change X Addition TITLE Delete TITLE TORRES, MARGGI NAME NAME 36 331 SUITE 121 STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Addition ☐ Change ☐ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Change Addition ☐ Defete TITLE NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change ☐ Addition TITLE TITLE ☐ Delete NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Change ☐ Addition TITLE Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP 13. I hereby certify that the information supplied with this filling 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's gnature 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 SIGNATURE: >

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