

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 30, 2003 8:00 am
Secretary of State

04-30-2003 90145 041 ***150.00

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DOCUMENT # P01000018750

1. Entity Name
MEDALLION MENSWEAR CORPORATION



Principal Place of Business
**2834 N.E. 187TH STREET
AVENTURA FL 33180**

Mailing Address
**2834 N.E. 187TH STREET
AVENTURA FL 33180**



2. Principal Place of Business
1180 E. HALLANDALE BEACH BLVD

3. Mailing Address
1180 E. HALLANDALE BEACH BLVD

Suite, Apt. #, etc.
C

Suite, Apt. #, etc.
C

City & State
HALLANDALE

City & State
HALLANDALE

4. FEI Number **65-1077176**

Applied For
Not Applicable

Zip
33009

Country
FL

Zip
33009

Country
FL

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

**ABITANTE, JOHN L
9655 S. DIXIE HWY., 3RD FLOOR
MIAMI FL 33156**

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE _____ (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

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE **PTD** ☐ Delete
NAME **BEDA, DAVID**
STREET ADDRESS **2834 N.E. 187TH STREET**
CITY-ST-ZIP **AVENTURA FL 33180**

TITLE **D** ☐ Change ☐ Addition
NAME **CARLOS ALBERTO SASSON**
STREET ADDRESS **1180 E. HALLANDALE BEACH BLVD suite C**
CITY-ST-ZIP **HALLANDALE, FL 33009**

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

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 power like empowered.

SIGNATURE: **SIGNATURE REQUIRED**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/28/03

954 454 2911

Date Daytime Phone #

CR2E034 (10/02)