2002 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT# P01000031867

City-St-Zip:

NORTH LAUDERDALE, FL 33068

Entity Name: C.M.C. SCHOOL UNIFORMS, CORP.

FILED Mar 21, 2002 8:00 AM Secretary of State

Current Principal Place of Business:					New Principal Place of Business:			
1739 NW 38TH AVENUE LAUDERHILL, FL 33311					5333 N STATE ROAD 7 TAMARAC, FL 33319			
Current Mailing Address:					New Mailing Address:			
1739 NW 38TH AVENUE LAUDERHILL, FL 33311					5333 N STATE ROAD 7 TAMARAC, FL 33319			
FEI Number	: 94-3392377	FEI Number	Applied For ()	FEI Nun	nber Not Appl	icable ()	Certificate of Status Desired	I()
Name and Address of Current Registered Agent:					Name and Address of New Registered Agent:			
SOARES, CLEONE FLORES 1739 NW 38TH AVENUE LAUDERHILL, FL 33311					TAX HOUSE CORPORATIO 3929 N FEDERAL HWY POMPANO BEACH, FL 33064			
	named entity of Florida.	submits this s	statement for the	purpose o	f changing it	ts registere	ed office or registered agent, o	or both,
SIGNATURE: BRENO GOMES					03/21/2002			
Electronic Signature of Registered Agent					Date			
		to satisfy its Inta ng Trust Fund C	ngible Tax filing red	quirement a	nd elects to c	lo so (X).		
OFFICERS AND DIRECTORS:					ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:			
Title: Name: Address: City-St-Zip:	SOARES, CL 3101 OAKLAI	X) Delete EONE FLORES ND SHORES DR # RDALE, FL 3330			Title: Name: Address: City-St-Zip:		() Change () Addition	
Title: Name: Address: City-St-Zip:	PEREIRA, CA 1904 SW 821		D68		Title: Name: Address: City-St-Zip:	1904 SW 8	(X) Change () Addition CARMELITA S 32ND AVE UDERDALE, FL 33068	
Title: Name: Address:	TSD (PEREIRA, M/ 1904 SW 82N				Title: Name: Address:		() Change () Addition	

I hereby certify that the information supplied with this filing does not qualify for the 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

City-St-Zip:

SIGNATURE: CARMELITA SOARES PD 03/21/2002