

FILED
May 15, 2002 8:00 am
Secretary of State

05-15-2002 90100 015 ***150.00

**FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

DOCUMENT # **P01000043970**

1. Entity Name

Town + Country Men & Boys Wear, Inc.

659786

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

556 Conway Rd

Suite, Apt. #, etc.

3. Mailing Address

same

Suite, Apt. #, etc.

DO NOT WRITE IN THIS SPACE

City & State
Orlando FL

71

City & State

4. FEI Number

☒ Applied For
☐ Not Applicable

Zip
32807

Country

Zip

Country

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

7. Name and Address of Current Registered Agent

Name **Khader Suid**

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

556 Conway Rd

City **Orlando**

FL

Zip Code
32807

**DO NOT WRITE
IN THIS SPACE**

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

K. Suid

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

4/18/02

DATE

9. This corporation is eligible to satisfy its intangible
Tax filing requirement and elects to do so.
(See criteria on back) ☐

January 1 - May 1 Fee is \$150.00
After May 1, Fee is \$550.00
Amended UBR is \$61.25
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

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
**Pres
Khader Suid
556 Conway Rd
Orlando, FL 32807**

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
**V.P.
Subhi Suid
556 Conway Rd
Orlando, FL 32807**

TITLE
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STREET ADDRESS
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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 on an attachment with an address, with all other like empowered.

SIGNATURE: **X**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

DATE

4/16/02

Digitized Phrase

CR2E034B (12/01)