## **2003 FOR PROFIT CORPORATION**

Mailing Address

8865 SW 132 ST

MIAMI FL 33176

3. Mailing Address

City & State

Zip

Suite, Apt. #, etc.

## UNIFORM BUSINESS REPORT (UBR P01000049694 **DOCUMENT #** 1. Entity Name

UNDERWEARHOUSE #3, INC.

Country

Principal Place of Business

2. Principal Place of Business

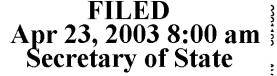
Suite, Apt. #, etc.

City & State

Zip

8865 SW 132 ST

MIAMI FL 33176



	04-23-2003 90142 005 *	**150.00						
	☐ CHECK HERE IF MAKING CHA	☐ CHECK HERE IF MAKING CHANGES						
<del></del>	4. FEI Number 65-1112428	Applied For						
	05-1112420	Not Applicable						
Country		75 Additional Required						
	7. Name and Address of New Registered Agent							

6. Name and Address of Current Registered Agent				7. Name and Address of New Registered Agent				
	النيساية الراجع مساليا مستعمل دينا إلى الراجع والمعود الأساس	مسلم عن يسمحون	Name		en orene e e e e e e e e e e e e e e e e e e	. * *	=	
SCHARLIN, DAVID M			Street A	Street Address (P.O. Box Number is Not Acceptable)				
8865 SW 132 ST				assert assess (18. Sex named to Not recognized)				
MIAMI FL	33186							
	·		City	<del></del>		Zip Cod	ie	
9 The show	a possed swift, submits this statement for the sure		-:		<del>-</del>	_		
the obliga	e named entity submits this statement for the purp tions of registered agent.	lose or changing its re	gistered office of	r registered agent, or	both, in the State of Florida. I a	am tamiliar with,	and accept	
SIGNATURE	Signature, typed or printed name of registered agent and title if app	blicable. (NOTE: R	egistered Agent signati	ure required when reinstating	DA1	TE		
<del></del>	FILE NOW!!! FEE IS \$150.00	·			\\\.			
***	r May 1, 2003 Fee will be \$550.00			9.	Election Campaign Financing		<b>0</b> May Be	
	k Payable to Florida Department of State				Trust Fund Contribution.	Added	d to Fees	
10.	OFFICERS AND DIRECTO	IRS .	11.	ADDITIO	NS/CHANGES TO OFFICERS A	AND DIRECTOR	S IN 11	
TITLE	PD	☐ Delete	TITLE	,	7.37.	Change	Addition	
NAME	SCHARLIN, DAVID MICHAEL		NAME					
STREET ADDRESS	8865 SW 132 ST		STREET ADDRESS	İ				
CITY-ST-ZIP	MIAMI FL 33176		CITY-ST-ZIP					
TITLE	PD	☐ Delete	TITLE			☐ Change	☐ Addition	
NAME STREET ADDRESS	FISHER, RANDALL C 8865 SW 132 ST		NAME					
CITY-ST-ZIP	MIAMI FL 33176		STREET ADDRESS CITY-ST-ZIP					
TITLE	marin 12 55776	☐ Delete	TITLE					
NAME		L_J Derete	NAME			☐ Change	☐ Addition	
STREET ADDRESS	منها المستعمدية المناه المناها المناه	. ٠ يسترسيد ، ـــ	STREET ADDRESS 5	والمهار فالاستنباد والمعج مستار	. بينو سه - باينسسي	ال المواصر عبد اليما الر		
CITY-ST-ZIP			CITY-ST-ZIP					
TITLE		☐ Delete	TITLE			☐ Change	Addition	
NAME			NAME				_	
STREET ADDRESS			STREET ADDRESS					
CITY-ST-ZIP			CITY-ST-ZIP					
TITLE		☐ Delete	TITLE			Change	☐ Addition	
NAME OTOGET ADDRESO			NAME					
STREET ADDRESS CITY-ST-ZIP			STREET ADDRESS CITY-ST-ZIP					
TITLE	m. pp. 1							
NAME		☐ Delete	TITLE NAME			☐ Change	Addition	

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 other like empowered.

STREET ADDRESS

CITY-ST-ZIP

SIGNATURE:

STREET ADDRESS

CITY-ST-ZIP