

# 2002 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Apr 09, 2002 8:00 am**  
**Secretary of State**  
 04-09-2002 90017 032 \*\*\*150.00

0320251 AV

**DOCUMENT # P01000063732**

1. Entity Name

A/S CUSTOM TAILOR, INC.

Principal Place of Business

2331 STATE RD 7, SUITE 108  
 LAUDERHILL FL 33313

Mailing Address

2331 STATE RD 7, SUITE 108  
 LAUDERHILL FL 33313

2. Principal Place of Business

Suite, Apt. #, etc.

City & State

Zip

Country

3. Mailing Address

Suite, Apt. #, etc.

City & State

Zip

Country

4. FEE Number

65-1114720

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75 Additional**  
 Fee Required

DO NOT WRITE IN THIS SPACE



## 6. Name and Address of Current Registered Agent

SINORDO, ANTIOLA  
 3518 NW 32 ST  
 LAUDERHILL FL 33309

## 7. Name and Address of New Registered Agent

Name

SINORDO, ANTIOLA

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

3518 NW 32 ST

City

Lauderdale Lakes FL

Zip Code

33309

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

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

(NOTE: Registered Agent signature required when reinstating)

DATE

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

**FILE NOW!!! FEE IS \$150.00**  
**After May 1, 2002 Fee will be \$550.00**  
**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 **D** ☐ Delete  
 NAME **SINORDO, ANTIOLA**  
 STREET ADDRESS **3518 NW 32 ST**  
 CITY-ST-ZIP **LAUDERHILL FL 33313**

TITLE ☐ Delete  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE ☐ Delete  
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 CITY-ST-ZIP

TITLE ☐ Delete  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

## 12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ☐ Change ☐ Addition  
 NAME **SINORDO, ANTIOLA**  
 STREET ADDRESS **3518 NW 32 ST**  
 CITY-ST-ZIP **Lauderdale Lakes, FL 33309**

TITLE ☐ Change ☐ Addition  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
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TITLE ☐ Change ☐ Addition  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

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 Block 12 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: *Antiola Sinordo*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-2-02

Date

(954) 735-2703

Daytime Phone #

CR2E034 (9/01)