

**2003 FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**


FILED
Apr 17, 2003 8:00 am
Secretary of State

04-17-2003 90148 023 ***150.00

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DOCUMENT # P01000081086

1. Entity Name
\$9.95 UNIFORM OUTLET, INC.



Principal Place of Business
18589 NW 27 AVE
CAROL CITY FL 33056

Mailing Address
18589 NW 27 AVE
CAROL CITY FL 33056



2. Principal Place of Business
18383 NW 27 AVE

3. Mailing Address
18383 NW 27 AVE

Suite, Apt. #, etc.

CHECK HERE IF MAKING CHANGES

City & State
Carol city FL

City & State
Carol city, FL

Zip
33056

Country
USA

Country
USA

4. FEI Number **65-1144464**

Applied For
 Not Applicable

5. Certificate of Status Desired **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent

MOHAMMAD-ANGENE, JEANETTE
18589 NW 27 AVE
CAROL CITY FL 33056

7. Name and Address of New Registered Agent

Name
MOHAMMAD-ANGENE Jeanette

Street Address (P.O. Box Number is Not Acceptable)
18383 NW 27 AVE

City **Carol city** FL Zip Code **33056**

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 *J. Angene* DATE **4/12/03**

Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

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

TITLE	D <input type="checkbox"/> Delete
NAME	MOHAMMAD-ANGENE, JEANETTE
STREET ADDRESS	18589 NW 27 AVE
CITY-ST-ZIP	CAROL CITY FL 33056
TITLE	D <input type="checkbox"/> Delete
NAME	ANGENE, STEVE
STREET ADDRESS	19005 SW 190 ST
CITY-ST-ZIP	MIAMI FL 33187
TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	18383 NW 27 AVE
CITY-ST-ZIP	CAROL CITY, FL 33056
TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	19000 SW 190 ST
CITY-ST-ZIP	MIAMI, FL 33187
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> 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 other like empowered.

SIGNATURE: *J. Angene* DATE **4/12/03** DAYTIME PHONE # **3052166205**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E034 (10/02)