

# 2002 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P01000096074

1. Entity Name  
TODAY'S APPAREL, INC.

Principal Place of Business

2363 DEER CREEK TRAIL  
DEERFIELD BEACH FL 33442

Mailing Address

2363 DEER CREEK TRAIL  
DEERFIELD BEACH FL 33442

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number 65-1148814

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

PHILLIPS, JOHN  
1401 S ANDREWS AVE  
FT LAUDERDALE FL 33316

7. Name and Address of New Registered Agent

Name GARY L KAMLER  
Street Address (P.O. Box Number is Not Acceptable)  
2363 DEER CREEK TRAIL  
DEERFIELD BEACH  
City FL Zip Code 33442

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 Gary L Kamler

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

(NOTE: Registered Agent signature required when reinstating)

DATE

1/3/02

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 PTD  
NAME SENZ, LAURIE  
STREET ADDRESS 2363 DEER CREEK TRAIL  
CITY-ST-ZIP DEERFIELD BEACH FL 33442 ☐ Delete

TITLE VSD  
NAME KAMLER, GARY L  
STREET ADDRESS 2363 DEER CREEK TRAIL  
CITY-ST-ZIP DEERFIELD BEACH FL 33442 ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Delete

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

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

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

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

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

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

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: Gary L Kamler

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

1/3/02 954 481 1930

**FILED**  
**Jan 08, 2002 8:00 am**  
**Secretary of State**

01-08-2002 90007 002 \*\*\*150.00



DO NOT WRITE IN THIS SPACE

0384829 AV

CRE034 (9/01)