FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

DOCUMENT# 1. Entity Name

PO2 000024931

MEN'S WEAR, INC. VICTORIA VICTOR



03 MAY -5 AM 3: 36

SECRETARY OF STATE FALLAHASSEE, FLORIDA

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business 3. Mailing Address 3. Mailing Address 3. Mailing Address 3. Mailing Address		UTIC BL	c BLUD		
Suite, Apt. #, etc.	Suite, Apt. #, etc.			DO NOT WRITE IN THIS SPACE	
City & State POMPANO BEACH FL	City & State POMPADO BEAC	CHF		4. FEI Number 0/- 065/330	Applied For Not Applicable
Zip Country 33 069	33069	Country			8.75 Additional ee Required
The second of th			7. Name and Address of Current Registered Agent		
DO NOT W	Name	YANG, TERENCE			
IN THIS SP	Street Address (P.O. Box Number is Not Acceptable) ATLANTIC BLUD				
		CityPo	MPAUC	D BEACH FL	Zip Code 33 069
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, Types or printed name of registered agont and title if approvable. (NOTE: Registered Agent signature required when reinstating) DATE					
Date of property of princed have a registered eigenfall the interpretable. January 1 - May 1 Fee is \$150.00					
9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. (See criteria on back)	Fee is \$550.00 JBR is \$61.25 to Department		10. Election Campaign Financing Trust Fund Contribution. □	\$5.00 May Be Added to Fees	
11. OFFICERS AND DIRECTORS					
TITLE D NAME YANG, TEREUCE STREET ADDRESS 2621 W. ATLANTIC BLUD		NAME STREET ADDRESS	× 800018443418 05/07/0301014003 **150.00		8 418 **150.00
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Increase certain 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