2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

7/17

FILED
Aug 25, 2003 8:00 am
Secretary of State

07-17-2003 90036 037 ***150.00

55055023

[redacted]

DOCUMENT # P02000068789

1. Entity Name
ABA GARMENT CONTRACTORS, INC.

Principal Place of Business	Mailing Address
~~BOX 6288 MIAMI FL 33122~~ BOX 7603 MIAMI, FL 33255	~~BOX 6288 MIAMI FL 33122~~ BOX 7603 MIAMI, FL 33255

2. Principal Place of Business		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country

✓ CHECK HERE IF MAKING CHANGES

4. FEI Number: 01-0689617 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ $8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

LES, TIM
10801 NW 33 ST
MIAMI FL 33172

7. Name and Address of New Registered Agent

Name
Street Address (P.O. Box Number is Not Acceptable)
City FL Zip Code

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

FILE NOW!!! FEE IS $550.00
After September 10, 2003 Fee will be $750.00
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			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D LES, TIM BOX 7603 MIAMI FL 33255	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D LES, DAVID BOX 7603 MIAMI, FL 33255	☐ Change ☒ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition
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CR2E034 (4/03)

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: SIGNATURE REQUIRED 7/10/03 305.599.8955
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

Attachment
55055023

ABA Garment Contractors, Inc.

Mailing address:
P. O. Box 6288
Miami, FL 33122 U.S.A.

10801 NW 33 ST
Miami, FL 33172

Tel.: 800.949.8955 *E-mail: tim@polarwear.com* *Fax: 305. 599.0884*

Secretary of State
Division of Corporations
Annual Report Section
P.O. Box 6327
Tallahassee, FL 32314

August 15, 2003

Re: P02000068789

Dear Secretary of State,

Confirming our two phone conversations, we did not receive your first notice because of an incorrect address / poor mail forwarding and I am now sending this letter as per your request / confirmation of above.

Thank you,

Tim Les, President
ABA Garment Contractors