

2008 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Mar 04, 2008 8:00 am
Secretary of State

03-04-2008 90015 008 ***150.00

DOCUMENT # P02000106370

1. Entity Name

KURTS MENSWEAR, INC.



Principal Place of Business

1361 NE 163RD ST
N MIAMI BCH FL 33162

Mailing Address

1361 NE 163RD ST
N MIAMI BCH FL 33162



2. Principal Place of Business - No. 00 Box #
1279 W.E. 163RD ST

3. Mailing Address
1279 W.E. 163RD ST

Suite, Apt. #, etc.

Suite, Apt. #, etc.

1st MOORE

CR2E034 (10/07)

City & State
North Miami Beach FL

City & State
North Miami Beach FL

4. FEI Number 03-0489123

Applied For
Not Applicable

Zip
33162

Country

Zip
33162

Country

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

PEARLMAN, MARK
1820 E HALLANDALE BCH BLVD
HALLANDALE FL

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 state if applicable.

(NOTE: Registered Agent signature required when transferring)

DATE

FILE NOW!!! FEE IS \$150.00
After May 1, 2008 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
NAME
STREET ADDRESS
CITY-ST-ZIP
DP
LOW, KURT
1120 N 70TH WAY
HOLLYWOOD FL 33024 ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
ST
LEVINE, MARC
7248 FALLS ROAD EAST
BOYNTON BEACH FL 33437 ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Delete

TITLE
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STREET ADDRESS
CITY-ST-ZIP
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CITY-ST-ZIP
☐ Delete

11. 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

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12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 119, 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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2/25

Date

205-947-4051

Daytime Phone