2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR

DOCUMENT

P02000123993

1. Entity Name



02-21-2003 90249 011 ***150.00 SMARTWEAR, INC. Mailing Address Principal Place of Business 60012340 7621 NW 37TH AVE. 7621 NW 37TH AVE. MIAMI FL 33147 MIAMI FL 33147 3. Mailing Address 2. Principal Place of Business Suite, Apt. #, etc. Suite, Apt. #, etc. TI CHECK HERE IF MAKING CHANGES Applied For City & State 4. FEI Number City & State 55 -08 069 13 Not Applicable Country \$8.75 Additional Country Zip 5. Certificate of Status Desired \Box Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent ستعصافها والماص الزائلوميو RODRIGUEZ, ODALIS Street Address (P.O. Box Number is Not Acceptable) 7169 W. 4TH WAY HIALEAH FL 33014 Zip Code City 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 (NOTE: Registered Agent signature required when reinstating) Signature, typed or printed name of registered agent and title if applicable. FILE NOW!!! FEE IS \$150.00 \$5.00 May Be 9. Election Campaign Financing After May 1, 2003. Fee will be \$550.00 Trust Fund Contribution. Added to Fees Make Check Payable to Florida Department of State ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 11. 10. OFFICERS AND DIRECTORS Addition ☐ Change ☐ Delete TITLE TITLE NAME RODRIGUEZ, ODALIS NAME STREET ADDRESS 7621 NW 37TH AVE. STREET ADDRESS CITY-ST-ZIP **MIAMI FL 33147** CITY-ST-ZIP Change Addition TITLE ☐ Delete TITLE CARVAJAL, EDUARDO NAME NAME STREET ADDRESS 7621 NW 37TH AVE. STREET ADDRESS CITY-ST-ZIP **MIAMI FL 33147** CITY-ST-ZIP ☐ Change ■ Addition ☐ Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Addition ☐ Change ☐ Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Addition ☐ Change ☐ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-7IP ☐ Change ☐ Addition ☐ Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP

12. Thereby 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

FILED

Feb 21, 2003 8:00 am

Secretary of State