## 2003 FOR PROFIT CORPORATION **UNIFORM BUSINESS REPORT (UBR)**

SIGNATURE:

## **FILED** Apr 17, 2003 8:00 am Secretary of State

DOCUMENT # P02000133021  1. Entity Name GLOBAL UNIFORM COMPANY							03-28-200	<i>)</i> 3 90118	032	138./3
Principal Place of Business Mailing Address 5201 BLUE LAGOON DR 8TH FLOOR . 5201 BLUE LAGOON DR 8 MIAM! FL 33126 MIAM! FL 33126					BTH FLOOR		1 / TOWNS AN EAST AND DAYS 424			/1470 (106 H <b>16</b> )
2. Principal f	Place of Busin	ness	3. Ma	3. Mailing Address						
Suite, Apt.	. #, etc.		Sui	Suite, Apt. #, etc.			CHECK HERE IF MAKING CHANGES			
City & State			City	City & State			FEI Number			pplied For of Applicable
Zip	Zip Country		Zip	Zip Country		5.	Certificate of Status Desired	×	\$8.75 Ad Fee Require	
	6. Name	and Address of C	urrent Register	ed Agent		7.	Name and Address of New R	egistered /	Agent	
-			** ***	<del>THE STATE OF THE </del>	Name					
Jenei, anna 5201 Blue Lagoon dr., 8th Floor					Street Add	Street Address (P.O. Box Number is Not Acceptable)				
MIAMI FL										
					City			FL	Zip Cod	æ
		y submits this stater tered agent.	nent for the purp	pose of changing its re	agistered office or re	egistered aç	gent, or both, in the State of Flo	rida. Iam (	amiliar with,	and accept
SIGNATURE.	Signature, typed	or printed name of registers	d agent and title if app	plicable. (NOTE:	Registered Agent signature	required when	reinstating)	DATE		
Afte	r May 1, 200	II FEE IS \$150.0 03 Fee will be \$5! o Florida Departm	50.00				9. Election Campaign Fin Trust Fund Contribution			May Be
10. 11 . 67	13	eral OFFICERS	AND DIRECTO	PRS	11.	A(	DDITIONS/CHANGES TO OFFI	CERS AND	DIRECTOR	S IN 11
NAME	PRESI	DENEI	· · · · · · · · · · · · · · · · · · ·	Delete	TITLE NAME				Change	Addition
STREET ADDRESS CITY-ST-ZIP	Mian	TIL	33126	, , ,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	STREET ADDRESS CITY-ST-ZIP					
TITLE NAME	}			☐ Delete	TITLE NAME				☐ Change	Addition
STREET ADDRESS CITY-ST-ZIP					STREET ADDRESS CITY-ST-ZIP					
TITLE				☐ Delete	TITLE		Agent and the state of the stat		Change	Addition
STREET ADDRESS CITY-ST-ZIP					STREET ADDRESS CITY-ST-ZIP	,		•		
TITLE NAME STREET ADDRESS CITY-ST-ZIP				☐ Delete	THTUE NAME STREET ADDRESS CITY-ST-ZIP				Change	Addition
TITLE NAME STREET ADDRESS CHY-ST-ZIP				☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP				☐ Change	Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP				☐ Celete	TITLE NAME STREET ADDRESS CITY-ST-ZIP				Change	Addition
12. I hereby c indicated of the corp changed.	ertify that the on this report poration or the or on an atta	information supplie t or supplemental re e receiver or trustee chment with an add	o with this filing port is true and empowered to ess, with all oth	does not qualify for the accurate and that my execute this report as er like empowered.	ne exemption stated signature shall have required by Chapte	in Section the same l or 607, Florid	119.07(3)(i), Florida Statutes, I legal effect as if made under or da Statutes; and that my name	further certi ath; that I ar appears in	fy that the in n an officer Block 10 or	formation or director Block 11 if