

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

FILED
Apr 24, 2006 8:00 am
Secretary of State

04-24-2006 90377 016 ***150.00

DOCUMENT # **004000080490**



1. Entity Name

JOSE F. CLOTHING & BUSINESS, INC.

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business
7555 SW 31 STREET

3. Mailing Address
SAME

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State
MIAMI, FLORIDA

City & State

4. FEI Number

20-1157896

Applied For

Not Applicable

Zip
33155

Country
USA

Zip

Country

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

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40061211

**DO NOT WRITE
IN THIS SPACE**

7. Name and Address of Current Registered Agent

Name **JOSE A. ALVAREZ**

Street Address (P.O. Box Number is Not Acceptable)

7555 SW 31 STREET

City **MIAMI**

FL

Zip Code
33155

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

Jose A Alvarez

JOSE A. ALVAREZ

2/9/06

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when relieving)

DATE

January 1 - May 1 Fee is \$150.00

After May 1, Fee is \$550.00

Amended UBR is \$61.25

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
President
JOSE A ALVAREZ
7555 SW 31 street, miami, FL
33155

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
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**DO NOT WRITE
IN THIS SPACE**

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 on an attachment with an address, with all other like empowered.

SIGNATURE:

Jose A Alvarez

Jose A. Alvarez, President

2/9/06

305496-8323

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #