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Secretary of State

PROFIT CORPORATION ANNUAL REPORT
1997

FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # **P18392** **(1)**

1. Corporation Name
UNIFORM IDEAS, INC.

Principal Place of Business
4 WESTCHESTER PLAZA
ELMSFORD NY 10523

Mailing Address
~~1220 BISCAYNE BLVD~~
~~MIAMI FL 33132-1606~~

3. Date Incorporated or Qualified: **03/11/1988**
3a. Date of Last Report: **05/01/1996**

2. Principal Place of Business
21
Suite, Apt. #, etc.
22
City & State
23
Zip 24 Country 25

2a. Mailing Address
26 8885 SW. 131 ST
Suite, Apt. #, etc.
27
City & State
28 MIAMI, FLORIDA
Zip 29 33176 Country 30

4. FEI Number: **22-2970095** ☐ Applied For ☐ Not Applicable

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

6. Election Campaign Financing Trust Fund Contribution ☐ **$5.00** May Be Added to Fees

8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes ☐ Yes ☐ No

9. Name and Address of Current Registered Agent
MICHAELMAN, THOMAS J
~~6917 ALTAMIRA ST~~
~~CORAL GABLES FL 33146~~
ADDRESS CHANGE ONLY

10. Name and Address of New Registered Agent
81 Name: MICHAELMAN, THOMAS J.
82 Street Address (P.O. Box Number is Not Acceptable): 16920 SW 82 AVE.
83
84 City: MIAMI FL 85 Zip Code: 33157

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

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

12. OFFICERS AND DIRECTORS			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	PD MICHAELMAN, THOMAS J ~~6917 ALTAMIRA CT~~ ~~CORAL GABLES FL 33146~~	☒ DELETE	11 TITLE / 12 NAME / 13 STREET ADDRESS / 14 CITY-ST-ZIP	PRES MICHAELMAN THOMAS J 16920 SW 82 AVE MIAMI, FLORIDA 33157	☒ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	V MORGAN, MARY BETH 12 RIDGE FARMS RD NORWALK CT 06850	☐ DELETE	21 TITLE / 22 NAME / 23 STREET ADDRESS / 24 CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	SD MICHAELMAN, ELLEN ~~6917 ALTAMIRA ST~~ ~~CORAL GABLES FL 33146~~	☒ DELETE	31 TITLE / 32 NAME / 33 STREET ADDRESS / 34 CITY-ST-ZIP	SD MICHAELMAN, ELLEN 16920 SW 82 AVE MIAMI, FLORIDA 33157	☒ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	T SKILLMAN, BARBARA 27 WOODSIDE AVE ELMSFORD NY	☐ DELETE	41 TITLE / 42 NAME / 43 STREET ADDRESS / 44 CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D ABRAMS, JED 9 HITCHING POST LANE CHAPPAQUA NY	☐ DELETE	51 TITLE / 52 NAME / 53 STREET ADDRESS / 54 CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ DELETE	61 TITLE / 62 NAME / 63 STREET ADDRESS / 64 CITY-ST-ZIP		☐ Change ☐ Addition

CR2E034 (9/96)

14. I do 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 annual report or supplemental annual 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 12 or Block 13 if changed, or on an attachment with an address.