

# 2000 UNIFORM BUSINESS REPORT (UBR)

0203084

DOCUMENT # P20943

1. Entity Name

BISCAYNE APPAREL INTERNATIONAL, INC.

FILED

00 FEB 16 AM 11:58

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

Principal Place of Business

Mailing Address

2665 S. BAYSHORE DR.  
SUITE 800  
MIAMI FL 33133

2665 SOUTH BAYSHORE DR.  
SUITE 800  
MIAMI FL 33133-5401

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

36-2947663

Applied For

Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired

\$8.75 Additional Fee Required



DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

Name

*Maria C. Callejas*

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

City

FL

Zip Code

~~KLEIN, PETER W~~

2665 SOUTH BAYSHORE DRIVE  
8TH FLOOR  
MIAMI FL 33133

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.

SIGNATURE

*Maria C Callejas*

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

(NOTE: Registered Agent signature required when reinstating)

DATE

*1/6/00*

9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so.  (See criteria on back)

**FILE NOW!!! FEE IS \$150.00**  
**After MAY 1, 2000 Fee will be \$550.00**  
**Make Check Payable to Department of State**

10. Election Campaign Financing Trust Fund Contribution.

\$5.00 May Be Added to Fees

11. OFFICERS AND DIRECTORS

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE: CDC  Delete  
NAME: POWELL, EARL W.  
STREET ADDRESS: 2665 SOUTH BAYSHORE DRIVE, 8TH FLOOR  
CITY-ST-ZIP: MIAMI FL

TITLE:  Change  Addition  
NAME: **400003145184--8**  
STREET ADDRESS: **-02/23/00--01098--008**  
CITY-ST-ZIP: **\*\*\*150.00 \*\*\*150.00**

TITLE: D  Delete  
NAME: GEORGE, PHILLIP T. M.D.  
STREET ADDRESS: 2665 SOUTH BAYSHORE DRIVE, 8TH FLOOR  
CITY-ST-ZIP: MIAMI FL 33133

TITLE:  Change  Addition  
NAME:  Change  Addition  
STREET ADDRESS:  Change  Addition  
CITY-ST-ZIP:  Change  Addition

TITLE: S  Delete  
NAME: KUFFNER, MARILYN D.  
STREET ADDRESS: 2665 S BAYSHORE DR, 8TH FLOOR  
CITY-ST-ZIP: MIAMI FL

TITLE:  Change  Addition  
NAME:  Change  Addition  
STREET ADDRESS:  Change  Addition  
CITY-ST-ZIP:  Change  Addition

TITLE: PDT  Delete  
NAME: VANDENBERG, PETER JR  
STREET ADDRESS: 2665 S. BAYSHORE DR., 8TH FL  
CITY-ST-ZIP: MIAMI FL

TITLE:  Change  Addition  
NAME:  Change  Addition  
STREET ADDRESS:  Change  Addition  
CITY-ST-ZIP:  Change  Addition

TITLE: CFO  Delete  
NAME: VANDENBERG, PETER JR  
STREET ADDRESS: 2665 S. BAYSHORE DR., 8TH FL  
CITY-ST-ZIP: MIAMI FL

TITLE:  Change  Addition  
NAME: *CFO/CDO Peter Vandenberg, Jr.*  
STREET ADDRESS:  Change  Addition  
CITY-ST-ZIP:  Change  Addition

TITLE: VPF  Delete  
NAME: SEIBERT, RICHARD  
STREET ADDRESS: 1900 NW CORPORATE BLVD., STE. 400E  
CITY-ST-ZIP: BOCA RATON FL

TITLE:  Change  Addition  
NAME:  Change  Addition  
STREET ADDRESS:  Change  Addition  
CITY-ST-ZIP:  Change  Addition

13. 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 11 or Block 12 if changed, or on an attachment with an address and all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

*[Signature]*

*1-17-00 305/858-2200*

SP

CR2E034 (9/99)