

# 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

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

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	<input type="checkbox"/> Delete
NAME	POWELL, EARL W.	
STREET ADDRESS	2665 SOUTH BAYSHORE DRIVE, 8TH FLOOR	
CITY-ST-ZIP	MIAMI FL	
TITLE	D	<input type="checkbox"/> Delete
NAME	GEORGE, PHILLIP T. M.D.	
STREET ADDRESS	2665 SOUTH BAYSHORE DRIVE, 8TH FLOOR	
CITY-ST-ZIP	MIAMI FL 33133	
TITLE	S	<input type="checkbox"/> Delete
NAME	KUFFNER, MARILYN D.	
STREET ADDRESS	2665 S BAYSHORE DR, 8TH FLOOR	
CITY-ST-ZIP	MIAMI FL	
TITLE	PDT	<input type="checkbox"/> Delete
NAME	VANDENBERG, PETER JR	
STREET ADDRESS	2665 S. BAYSHORE DR., 8TH FL	
CITY-ST-ZIP	MIAMI FL	
TITLE	CFO	<input type="checkbox"/> Delete
NAME	VANDENBERG, PETER JR	
STREET ADDRESS	2665 S. BAYSHORE DR., 8TH FL	
CITY-ST-ZIP	MIAMI FL	
TITLE	VFP	<input checked="" type="checkbox"/> Delete
NAME	SEIBERT, RICHARD	
STREET ADDRESS	1900 NW CORPORATE BLVD., STE. 400E	
CITY-ST-ZIP	BOCA RATON FL	

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS	4000003145184--8	
CITY-ST-ZIP	-02/23/00--01038--008	
	****150.00 ****150.00	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	CFO/CDO	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS	Peter Vandenberg, Jr.	
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

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]*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

1-17-00 305/858-2200

CR2E034 (9/99)