

2001 UNIFORM BUSINESS REPORT (UBR)**FILED****May 10, 2001 8:00 am**
Secretary of State

05-10-2001 90174 024 ***150.00

DOCUMENT # P93600027432**1. Entity Name**

STP CLOTHING ENTERPRISES, INC.

Principal Place of Business**Mailing Address**

8267 S. Dixie Highway

SAR

MIAMI, FL 33143

2. Principal Place of Business

8267 S. Dixie Hwy

3. Mailing Address

SAR

Suite, Apt. #, etc.**Suite, Apt. #, etc.****City & State**

MIAMI, FL

City & State

MIAMI, FL

Zip

33143

Country

US

Zip

33143

Country

US

4. FEI Number

65-0406196

Applied For

Not Applicable

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**

RONALD PRAGUE

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

8267 S. Dixie Highway

City

FL

Zip Code

MIAMI, FL 33143

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**

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

(NOTE: Registered Agent signature required when reinstating)

DATE

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, 2001 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**

11. OFFICERS AND DIRECTORS		12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE	NAME	TITLE	NAME
☐ Delete TITLE: CEO NAME: RON PRAGUE STREET ADDRESS: 1512 ROSARIO AVE CITY-ST-ZIP: CONEL CARRIS, FL 33146	☐ Change ☐ Addition TITLE: NAME: STREET ADDRESS: CITY-ST-ZIP: 		
☐ Delete TITLE: CEO NAME: RON PRAGUE STREET ADDRESS: 8267 S. Dixie Highway CITY-ST-ZIP: MIAMI, FL 33143	☐ Change ☐ Addition TITLE: NAME: STREET ADDRESS: CITY-ST-ZIP: 		
☐ Delete TITLE: DIRECTOR NAME: SUSO SCHAPPEN STREET ADDRESS: 8267 S. Dixie Highway CITY-ST-ZIP: MIAMI, FL 33143	☐ Change ☐ Addition TITLE: NAME: STREET ADDRESS: CITY-ST-ZIP: 		
☐ Delete TITLE: NAME: STREET ADDRESS: CITY-ST-ZIP: 	☐ Change ☐ Addition TITLE: NAME: STREET ADDRESS: CITY-ST-ZIP: 		
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☐ Delete TITLE: NAME: STREET ADDRESS: CITY-ST-ZIP: 	☐ Change ☐ Addition TITLE: 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, with all other like empowered.

SIGNATURE:

 RONALD PRAGUE CEO

Date

4/23/01

Daytime Phone #

305 669-9345

CR2E034 (11/00)