## 2000 UNIFORM BUSINESS REPORT (UBR)

SIGNATURE AND TYPED OR PRINTED NAME OF SI

## FILED DOCUMENT # P93000030667 Feb 02, 2000 8:00 am **Secretary of State** AMERICAN NECKWEAR CORPORATION 02-02-2000 90030 020 \*\*\*150.00 Mailing Address Principal Place of Business 1181 S. ROGERS CIR. 1181 S. ROGERS CIRCLE **BOCA RATON FL 33487** BOCA RATON FL 33487-2789 2. Principal Place of Business . 3. Mailing Address 1141 S. ROGERS CITCLE 1141 S. ROGERS CIRCLE DO NOT WRITE IN THIS SPACE Suite, Apt. #, etc. Suite, Apt. #, etc. Suite # 6 Suite #5 City & State City & State 4. FEI Number Applied For 65-0405541 BOCA RATON N RATON BOCA Not Applicable Country \$8.75 Additional 5. Certificate of Status Desired USA 334<del>8</del>7 Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent Name\_ABECASSIS SERGE ABECASSIS, SERGE Street Address (P.O. Box Number is Not Acceptable) 1181 S. ROGERS CIRCLE #26 **BOCA RATON FL 33487** RATON changing its registered office or registered agent, or both, in the State of Florida 8. The above named entity submits this statement for the p ABECASSI S SIGNATURE Signature, typed or printed name of registered agent and to FILE NOW!!! FEE IS \$150.00 9. This corporation is eligible to satisfy its Intangible 10. Election Campaign Financing \$5.00 May Be Tax filing requirement and elects to do so. After MAY 1, 2000 Fee will be \$550.00 Trust Fund Contribution. Added to Fees (See criteria on back) Make Check Payable to Department of State ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 OFFICERS AND DIRECTORS 12. 11. ☐ Addition ☐ Delete TITLE TITLE NAME ABECASSIS, SERGE STREET ADDRESS STREET ADDRESS 5810 NW 34TH WAY CITY-ST-ZIP CITY-ST-ZIP BOCA RATON FL 33496 Change ☐ Addition TITLE ☐ Delete TITLE GANET, LARRY NAME NAME STREET ADDRESS STREET ADDRESS 6 SOUTH 260 NEW HOPE CITY-ST-ZIP CITY-ST-ZIP NAPERVILLE IL 60540 ☐ Change ☐ Addition TITLE ☐ Delete TITLE NAME ... KO: BRUCE B -- --NAME STREET ADDRESS STREET ADDRESS 261 WESTER BELT PL. CITY-ST-ZIP **ENGLEWOOD CLIFFS NJ 07632** CITY-ST-ZIP ☐ Change ☐ Addition Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Addition ☐ Change ☐ Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIE CITY-ST-ZIP ☐ Change ☐ Delete TITLE Addition TITLE NAME STREET ADDRESS 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.