

2000 UNIFORM BUSINESS REPORT (UBR)

5/19

FILED

Jul 11, 2000 8:00 am
Secretary of State

05-19-2000 90023 002 ***150.00

DOCUMENT # **P93000649204**
Entity Name **The Apparel Group Girls Corp**

Principal Place of Business **3 TALL OAKS Drive**
Waretown, N.J. 08758
Mailing Address **P.O. Box 87**
Waretown, N.J. 08758

2. Principal Place of Business **3 TALL OAKS Drive**
Waretown, N.J. 08758
3. Mailing Address **P.O. Box 87**
Waretown, N.J. 08758

4. FEI Number **65 0425 234**
5. Certificate of Status Desired ☐ **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent
Subjinski Mary Ann
3 TALL OAKS Drive
Waretown, N.J. 08758

7. Name and Address of New Registered Agent
Name **Frank Subjinski**
Street Address (P.O. Box Number is Not Acceptable) **157 7a Ave South**
City **JACKSONVILLE, FL** Zip Code **32250**

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 **Frank Subjinski - The Apparel Group Girls Corp** DATE **7-11-2000**

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

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

11. OFFICERS AND DIRECTORS
TITLE **President / OWNER**
NAME **MARY ANN Subjinski**
STREET ADDRESS **3 TALL OAKS Drive**
CITY-ST-ZIP **Waretown, N.J. 08758**
There are No Employees

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11
TITLE NAME STREET ADDRESS 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, with all other like empowered.

SIGNATURE: **[Signature]** SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (9/99)