## 2000 UNIFORM BUSINESS REPORT (UBR)

changed, or on an attachment with an address, with all other like empowered

SIGNATURE:

## Apr 28, 2000 8:00 am Secretary of State DOCUMENT # **P9400001662** MIC APPAREL CORPORATION 04-28-2000 90041 005 \*\*\*150.00 Mailing Address Principal Place of Business 12123 SW 131ST AVE. 12123 SW 131ST AVE. MIAMI FL 33186-6474 MIAMI FL 33186 2. Principal Place of Business 3. Mailing Address DO NOT WRITE IN THIS SPACE Suite, Apt. #, etc. Suite, Apt. #, etc. Applied For 4. FEI Number City & State City & State 65-0478236 Not Applicable Country \$8.75 Additional Zip Country Zip 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent LARDIZABAL, ISABEL Street Address (P.O. Box Number is Not Acceptable) 10810 SW 136 CT MIAMI FL 33186 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 (NOTE: Registered Agent signature required when reinstating) DATE Signature, typed or printed name of registered agent and title if applicable FILE NOW!!! FEE IS \$150.00 9. This corporation is eligible to satisfy its Intangible \$5.00 May Be Election Campaign Financing After MAY 1, 2000 Fee will be \$550.00 Tax filing requirement and elects to do so Trust Fund Contribution. Added to Fees (See criteria on back) П Make Check Payable to Department of State OFFICERS AND DIRECTORS 12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 11. Change ☐ Addition DP ☐ Delete TITLE TITLE LARDIZABAL, GERARDO A NAME NAME STREET ADDRESS STREET ADDRESS 10700 SW 136 CT CITY-ST-7IP CITY-ST-ZIP **MIAMI FL 33186** ☐ Addition ☐ Change Delete TITLE TITLE LARDIZABAL, ALFREDO A NAME NAME STREET ADDRESS STREET ADDRESS 2801 FL AVE #417 CITY-ST-ZIP CITY-ST-ZIP **MIAMI FL 33133** ☐ Change ☐ Addition □ Detete TITLE LARDIZABAL, JUAN C NAME STREET ADDRESS STREET ADDRESS 10700 SW 136 CT CITY-ST-ZIP CITY-ST-ZIP **MIAMI FL 33186** ☐ Change ☐ Addition ☐ Delete TITLE TITLE NAME LARDIZABAL, ISABEL C NAME STREET ADDRESS STREET ADDRESS 10810 SW 136 CT CITY-ST-ZIP CUTY-ST-7IP **MIAMI FL 33186** ☐ Change ☐ Addition TITLE ☐ Delete DIDE NAME LARDIZABAL, MARIA A STREET ADDRESS STREET ADDRESS 10619 SW 113 PL- UNIT A CITY-ST-ZIP CITY-ST-ZIP **MIAMI FL 33186** Change ☐ Addition □ Delete TITLE NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP 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

Date

Daytime Phone #