2000 UNIFORM BUSINESS REPORT (UBR)

| Proceal Place of Business 8430 NW 68 ST BAY # 4 BAY # 5 BAY # 5 BAY # 5 BAY # 4 BAY # 5 BAY # 6 BAY # 6 BAY # 1 BAY # 1 BAY # 1 BAY # 1 BAY # 3 BAY # 4 BAY # 5 BAY # 4 BAY # 4 BAY # 4 BAY # 5 BAY # 4 BAY # | DOCUME 1. Entity Name | | FILED 03 JUN -9 AM 10:40 | | | | | | | | | |
|--|--|---------------------------------------|-----------------------------|---------------------|---------------------------|--|---------------------------------------|----------------------|--------------------|-------------|---------------|--|
| ### SA30 NW 68 ST ### SA47 ### BAY ### | MIAMI INTERNATIONAL CLOTHING CORPORATION | | | | | | | | | | | |
| 2. Principal Place of Dusiness 4. 30.1 MW 86 ST 8. 30.0 MW 66 ST Soite, Apt. 6c. 8. Suite, Apt. 6c. 8. Suite | 8430 NW 68 S` BAY # 4 MIAMI, FL | | 8430 f BAY # | NW 68 ST 4 | | | 1, | SECRETAR ALLAHASS | Y OF ST EE, FLO | ATE RIDA | | |
| BAY # 4 City A State Country Co | 2. Principal Place 8430 NW 68 S | T | | | | | 06/18 | 3/03-010 | 4301: | | 1.6 ⊁150.0 | |
| MIAMIFL Country Zip | | | | | | | . DO | NOT WRITE IN | I THIS SPAC | Œ | | |
| Zip Country Zip Country Status Desired \$8.75 Additional Fee Required Status Desired Status Desired Fee Required Status Desired Status Desi | • | <u></u> | | ļ - | | | | | | | | |
| BRIAN WILSON BA30 N.W. 68 STREET BAY # 4 MIAMI FL 33166 City FL Zip Code 6. 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, typed or printed name of registered agent and 90 of a population of the purpose of changing its registered office or registered agent, or both, in the State of Florida. Signature, typed or printed name of registered agent and 90 of a population of the purpose of changing its registered office or registered agent, or both, in the State of Florida. Signature, typed or printed name of registered agent and 90 of a population of the purpose of changing its registered office or registered agent, or both, in the State of Florida. Signature, typed or printed name of registered agent and 90 of a population of the purpose of changing its registered office or registered agent, or both, in the State of Florida. Political property of the purpose of changing its registered office or registered agent, or both, in the State of Florida. Political property of the purpose of changing its registered office or registered agent, or both, in the State of Florida. Political property of the purpose of changing its registered office or registered agent, or both, in the State of Florida. Political property of the purpose of the purpose of changing its registered agent, or both, in the State of Florida. Political property of the purpose of changing its registered agent, or both, in the State of Florida. Political property of the purpose | Zip | Country Zip | | | · · | | | tatus Desired | | Additi | | |
| Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code City FL Zip Code 6. The above named entity submits this statement for the purpose of changing its registered agent, or both, in the State of Florida. Signatum, typed of printed name of registered agent and other applicable. (NOTE: Registered Agent signature required when reinsistiving) Date 9. This corporation is eligible to satisfy its Intan- glibo Tax filing requirement and elects to do so. (See criteria on back) State of Plant State Addition State of Plant State of | | | rrent Registered | Agent | | | 7. Name and Addre | ss of New Reg | istered Age | nt | | |
| Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code 6. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Floridae. SIGNATURE Synabure, typed or printed name of registered agent and 956 if applicable. (NOTE: Registered Agent signature required when reinstating) Date 9. This coriporation is eligible to satisfy its intangible to satisfy its intangib | | | | |] | Name | | | | | | |
| 8. The above named entity submits this statement for the purpose of changing its registered agent, or both, in the State of Florida. SIGNATURE Signature, typed or printed name of registered agent and site if applicable. (NOTE: Registered Agent signature required when reinstating) Phis corporation is eligible to satisfy its intangible Tax filing requirement and elects to do so. (See criteria on back) Make Officers AND DIRECTORS 11. OFFICERS AND DIRECTORS 12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 MAKE STREET ADDRESS MIAMI FL 33166 STREET ADDRESS ST | BAY # 4 MIAMI FL 33166 | | | | | Street Address (P.O. Box Number is Not Acceptable) | | | | | | |
| 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 Florids. SIGNATURE | | | | | | | | | | | | |
| SIGNATURE Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) Date | | | | | | City | | | FL | Code | | |
| Signature, typed or printed name of registered agent and title if applicable. (VOTE: Registered Agent signature required when reinstating) 9. This corporation is eligible to satisfy its Intangible Tax filling requirement and elects to do so. (See criteria on back) 10. Election Campalign Financing 11. OFFICERS AND DIRECTORS 11. OFFICERS AND DIRECTORS 12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 TITLE WILSON, BRIAN S 8430 NW 68 ST BAY # 4 MIAMIF L 33166 STREET ADDRESS MIAMIF L 33166 STREET ADDRESS MIAMIF L 33166 STREET ADDRESS STR | 8. The above nam | ed entity submits this sta | tement for the pur | oose of chang | ing its re | jistered office | e or registered agent, or | both, in the Sta | te of Florida. | | | |
| This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. See criteria on back) | :IGMATURE | | | | | | • | | 5/2 | 1/200 | 3 | |
| Gee criteria on back) ARE MAY 1, 2000 Fee will be \$550.00. Trust Fund Contribution. May Be Added to Fees (See criteria on back) Make Criteck Payable to Department of State 1. OFFICERS AND DIRECTORS 12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 TITLE WILSON, BRIAN S BA30 NW 68 ST BAY # 4 TITLE TADDRESS MIAM FL 33166 TITLE WILSON, JOHN C BA30 NW 68 ST BAY # 4 TITLE WILSON, JOHN C BA30 NW 68 ST BAY # 4 TITLE WILSON, LINDA J ST 22P TITLE NAME BA30 NW 68 ST BAY # 4 TITLE TADDRESS CITY ST 22P TITLE NEVOT JENNIFER WILSON SET 33166 TITLE NAME BA30 NW 68 ST BAY # 4 TITLE NAME BA30 NW 68 ST BAY # 4 TITLE NAME BA30 NW 68 ST BAY # 4 TITLE NAME BA30 NW 68 ST BAY # 4 TITLE NAME BA30 NW 68 ST BAY # 4 TITLE NAME BA30 NW 68 ST BAY # 4 TITLE NAME BA30 NW 68 ST BAY # 4 TITLE NAME BA30 NW 68 ST BAY # 4 TITLE NAME BA30 NW 68 ST BAY # 4 TITLE NAME BA30 NW 68 ST BAY # 4 TITLE NAME BA30 NW 68 ST BAY # 4 TITLE NAME BA30 NW 68 ST BAY # 4 TITLE NAME BA30 NW 68 ST BAY # 4 TITLE NAME BA30 NW 68 ST BAY # 4 TITLE NAME BA30 NW 68 ST BAY # 4 TITLE NAME BA30 NW 68 ST BAY # 4 TITLE NAME BA30 NW 68 ST BAY # 4 TITLE DELETE NAME BA30 NW 68 ST BAY # 4 TITLE | | ··· | | and title if applic | able. | NOTE: Registe | ered Agent signature require | ed when reinstatin | g) | | | |
| ITTLE WILSON, BRIAN S PD Delete TITLE Change Addition MAKE STREET ADDRESS CITY-ST-ZIP CHANGE STREET ADDRESS | gible Tax filing | requirement and elects t | odoso. Af | ter MAY 1, 20 | 000 Fee v | /ill be \$550.0 | Trust Fund | | | - | | |
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| 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 | | | | | | | | | | | | |
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