

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P94000015307

1. Entity Name

CORPORATE IMAGE UNIFORMS, INC.

FILED
Apr 19, 2000 8:00 am
Secretary of State

04-19-2000 90007 013 ***150.00

Principal Place of Business

Mailing Address

~~7338 SW 42ND ST~~ 1551 NW 29th ST ~~7338 SW 42ND ST~~ PMB 305
~~MIAMI FL 33155~~ MIAMI, FL 33142 ~~MIAMI FL 33155-4508~~ 10201 HAMMOCKS BLVD,
US MIAMI, FL 33196

111000



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

1551 NW 29th ST

3. Mailing Address

PMB 305

Suite, Apt. #, etc.

Suite, Apt. #, etc.

~~MIAMI, FL~~

10201 HAMMOCKS BLVD SUITE 153

City & State

MIAMI, FLORIDA

City & State

MIAMI, FLORIDA

Zip

33142

Country

US

Zip

33196

Country

US

4. FEI Number

65-0470633

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

BREAKSPEARE, GILLIAN L
9150 SW 87 AVE
SUITE 201
MIAMI FL 33176

Name

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

City

FL

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

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, 2000 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

TITLE ☐ Delete
NAME D
STREET ADDRESS MORIN, BERNADETTE
CITY-ST-ZIP ~~7338 SW 42 ST~~
~~MIAMI FL~~

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS 1551 NW 29th ST
CITY-ST-ZIP MIAMI, FL 33142

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
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TITLE ☐ Change ☐ Addition
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: *B Morin*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

x 04/12/00 (305) 636,3725
Date Daytime Phone #

CR2E034 (9/99)