

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Feb 27, 2001 8:00 am
Secretary of State

02-27-2001 90300 011 ***150.00

DOCUMENT # P94000040307

1. Entity Name

FIVE Y CLOTHING, INC.

Principal Place of Business

711 WEST 16TH STREET
HIALEAH FL 33010

Mailing Address

711 WEST 16TH STREET
HIALEAH FL 33010

2. Principal Place of Business

3301 N.W. 107 STREET

3. Mailing Address

3301 N.W. 107 STREET

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

MIAMI FL

City & State

MIAMI FL

Zip

33167

Country

U.S.A.

Zip

33167

Country

U.S.A.

4. FEI Number

65-0502298

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

SILVER, SCOTT A ESQ
SILVER & GARVETT PA
3350 SW 27TH AVE ONE GROVE VILLA
COCONUT GROVE FL 33133

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

ARNOLD KRAUSE Arnold Krause

1/12/2001

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, 2001 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	DPST	<input type="checkbox"/> Delete
NAME	IZHAK, YORAM	
STREET ADDRESS	711 WEST 16TH STREET	
CITY-ST-ZIP	HIALEAH FL	
TITLE	VP	<input type="checkbox"/> Delete
NAME	TAKO, REUVEN	
STREET ADDRESS	711 WEST 16TH STREET	
CITY-ST-ZIP	HIALEAH FL	
TITLE	AS	<input type="checkbox"/> Delete
NAME	KRAUSE, ARNIE	
STREET ADDRESS	711 W 16TH STREET	
CITY-ST-ZIP	HIALEAH FL	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
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STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> 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:

ARNOLD KRAUSE Arnold Krause

Date

Daytime Phone #

CR2E034 (10/00)