

**2000 UNIFORM BUSINESS REPORT (UBR)****FILED****Feb 05, 2000 8:00 am**  
**Secretary of State**

02-05-2000 90041 021 \*\*\*150.00

**DOCUMENT # P94000053608**

1. Entity Name

**KENNETH DAVID APPAREL INC.**Principal Place of Business  
**3784 WEST OAKLAND PARK BLVD.  
LAUDERDALE LAKES FL 33311**Mailing Address  
**3784 WEST OAKLAND PARK BLVD.  
LAUDERDALE LAKES FL 33311-1152**

2. Principal Place of Business

**3704 WEST OAKLAND PK BLVD**  
Suite, Apt. #, etc.

3. Mailing Address

**3704 WEST OAKLAND PK BLVD**  
Suite, Apt. #, etc.

DO NOT WRITE IN THIS SPACE

City &amp; State

**LAUDERDALE LAKES FL**

City &amp; State

**LAUDERDALE LAKES FL**4. FEI Number **65-0504574**Applied For  
Not ApplicableZip **33311**Country **U.S.A.**Zip **33311**Country **U.S.A.**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

**CHUSID, MARIE A  
9478 N.W. 53RD STREET  
SUNRISE FL 33351**

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 **P** ☐ Delete  
NAME **CHUSID, ROBERT**  
STREET ADDRESS **9478 N.W. 53RD STREET**  
CITY-ST-ZIP **SUNRISE FL 33311**TITLE ☐ Change ☐ Add  
NAME  
STREET ADDRESS  
CITY-ST-ZIPTITLE **V** ☐ Delete  
NAME **CHUSID, MARIE**  
STREET ADDRESS **9478 N.W. 53RD STREET**  
CITY-ST-ZIP **SUNRISE FL 33311**TITLE ☐ Change ☐ Add  
NAME  
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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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**2/1/2000**

Date

Daytime Phone # **954-484-0061**