2000 UNIFORM BUSINESS REPORT (UBR)

SIGNATURE:==

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER

FILED DOCUMENT # **P94000071561** Apr 23, 2000 8:00 am Secretary of State 1. Entity Name NATIONAL APPAREL COMPANY, INC. 04-23-2000 90032 021 ***150.00 Principal Place of Business Mailing Address 10501 NW 7 AVE 10501 NW 7 AVE MIAMI FL 33150-1005 **MIAMI FL 33150** 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE Suite, Apt. #, etc. City & State 4. FEI Number Applied For City & State 65-0534475 Not Applicable Zip Country Country \$8.75 Additional Zip 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent Name ZAKAY, DANNY Street Address (P.O. Box Number is Not Acceptable) 10501 NW 7 AVE MIAMI FL 33150 Zip Code FL 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, 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 FILE NOW!!! FEE IS \$150.00 10. Election Campaign Financing \$5.00 May Be Tax filing requirement and elects to do so. After MAY 1, 2000 Fee will be \$550.00 Trust Fund Contribution. Added to Fees (See criteria on back) Make Check Payable to Department of State ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 OFFICERS AND DIRECTORS 12. 11. ☐ Change ☐ Addition TITLE ☐ Delete TITLE NAME FEFER, ENRIQUE NAME STREET ADDRESS STREET ADDRESS 10501 NW 7 AVE CITY-ST-ZIP CITY-ST-ZIP **MIAMI FL 33150** ☐ Change ☐ Addition ☐ Delete TITLE TITLE ZAKAI, YAFFA NAME NAME STREET ADDRESS STREET ADDRESS 10501 NW 7 AVE CITY-ST-ZIP CITY-ST-ZIP **MIAMI FL 33150** ☐ Addition ☐ Delete TITI F ☐ Change TITLE ZAKAI, DANNY NAME NAME STREET ADDRESS STREET ADDRESS 10501 NW 7 AVE CITY-ST-ZIP CITY-ST-7IP **MIAMI FL 33150** Change ☐ Addition ☐ Delete TITLE TITLE SASSON, ZAKAY NAME NAME STREET ADDRESS STREET ADDRESS 10501 NW 7 AVE CITY-ST-ZIP CITY-ST-ZIP **MIAMI FL 33150** ☐ Change Addition TITE F ☐ Delete TITLE NAME SASSON, EZRA NAME STREET ADDRESS STREET ADDRESS 10501 NW 7 AVE CITY-ST-ZIP CITY-ST-ZIP MIAMI FL ☐ Change ☐ Addition ☐ Delete TITLE 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 perfort 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.