2001 UNIFORM BUSINESS REPORT (UBR)

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OR MINTED NAME OF SIGNING OFFICER OR DIRECTOR

FILED Mar 08, 2001 8:00 am DOCUMENT # P94000075988 Secretary of State 1. Entity Name APPAREL MANAGEMENT GROUP, INC. 03-08-2001 90087 006 ***158.75 Mailing Address Principal Place of Business 2520 NW 16TH LANE 2520 NW 16TH LANE BLDG #7 BLDG #7 POMPANO BEACH FL 33064 POMPANO BEACH FL 33064 US 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE Applied For City & State City & State 4. FEI Number 65-0561641 Not Applicable --Country 🍜 \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name BLACK, RENNY Street Address (P.O. Box Number is Not Acceptable) 2520 NW 16TH LANE BLDG #7 POMPANO BEACH FL 33064 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. DATE Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) FILE NOW!!! FEE IS \$150.00 9. This corporation is eligible to satisfy its Intangible 10. Election Campaign Financing \$5.00 May Be Tax filing requirement and elects to do so. After MAY 1, 2001 Fee will be \$550.00 Trust Fund Contribution. Added to Fees (See criteria on back) Make Check Payable to Department of State 11. OFFICERS AND DIRECTORS 12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 ☐ Change Addition TITLE TITLE ☐ Delete BLACK, RENNY NAME NAME STREET ADDRESS 2520 NW 16TH LANE BLDG #7 STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP POMPANO BEACH FL 33064 ☐ Addition ☐ Delete TITLE Change TITLE BLACK, CLAIRE NAME STREET ADDRESS 2520 NW 16TH LANE BLDG #7 STREET ADDRESS CITY-ST-ZIP POMPANO BEACH FL 33064 CITY-ST-ZIP-☐ Change ☐ Addition TITLE Delete BLACK, JASON NAME NAME STREET ADDRESS STREET ADDRESS 2520 NW 16TH LANE BLDG #7 CITY-ST-ZIP POMPANO BEACH FL 33064 CITY-ST-ZIP Change ☐ Addition TITLE ☐ Delete TIT! F **BLACK, JEFFREY** NAME NAME STREET ADDRESS STREET ADDRESS 2849 NW 91 AVE #102 CITY-ST-ZIP CITY-ST-ZIP CORAL SPRINGS FL 33065 ☐ Delete TITLE ☐ Change ☐ Addition TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-7IP ☐ Addition Change TITLE Delete TITLE NAME NAME ., STREET ADDRESS STREET ADDRESS CITY-ST-7IP CITY-ST-ZIP 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 ental report is true and accurate and that my signature shall have the same legal effect as if made under path; that I am an officer or director 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 I hereby certify that the information; indicated on this repor supplem eceiver or of the corporation or r trustee empowered to execute this