2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)



FILED Secretary of State

DOCUMENT # P9400075988 1. Entity Name APPAREL MANAGEMENT GROUP, INC.						04-16-2003 90164 012 ***158.75			
Principal Place of Business 2520 NW 16TH LANE BLDG #7 POMPANO BEACH FL 33064 US 2. Principal Place of Business US Full Hallan Drive Suite, Apt. #, etc.		Mailing Address 2520 NW 16TH LANE BLDG #7 POMPANO BEACH FL 33064 US 3. Mailing Address //o/ /fo//awy Drive Suite, Apt. #, etc.			☐ CHECK HERE IF MAKING CHANGES				
	RATON FL	City & State BOCA RATON	BOCA RATON FL			4. FEI Number 65-056	31641	No	plied For t Applicable
Zip 33487		33487	Coun	try ゾ ル		5. Certificate of Status D		\$8.75 Add Fee Required	litional d
	6. Name and Address of Curre	nt Registered Agent		Name		7. Name and Address o	f New Register	ed Agent	
BLACK, R 2520 NW BLDG #7		Street Add		O. Box Number is Not Acc	:eptable)		~ .		
POMPANO	D BEACH FL 33 86/ 4			City 73e		RATOR	F	Zip Code	e
8. The above the obligat	e named extity submits this statement tions or registered agent.				egistere	d agent, or both, in the Sta		103	and accept
Afte	FILE NCW!!! FEE IS \$150.00 r May 1, 2003 Fee will be \$550.0 k Payable to Florida Department	,				9. Election Camp Trust Fund Co			O May Be to Fees
10.		ID DIRECTORS	11.			ADDITIONS/CHANGES	TO OFFICERS /	VID DIBECTORS	EINI 11
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P BLACK, RENNY 2520 NW 16TH LANE BLDG #7 POMPANO BEACH FL 33064	☐ Delete	TITLE NAMI STRE	E ET ADDRESS		HILAM ONIOR	#7	Change	Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TS BLACK, CLAIRE 2520 NW 16TH LANE BLDG #7 POMPANO BEACH FL 33064	☐ Delete		E Et address	//0/	Holgan Drive	. # 7	Change	☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V BLACK, JASON————————————————————————————————————	☐ Delete	STRE	E ET ADDRESS -ST-ZIP	101 Boca	HOMANO MINIO A KATON FL	7.47 33487	⊟ -entange	Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V BLACK, JEFFREY 2849 NW 91 AVE #102 CORAL SPRINGS FL 33065	⊠ Delete						☐ Change	Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Celete						☐ Change	☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	: //	□ Delete			****			☐ Change	Addition

12. Thereby certify that the information supplies with this filling 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 inat 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 this tele empowered to execute this eport as required by Chapter 607, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

MASSIONIBED AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

561-869-0996