

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Aug 11, 2003 8:00 am
Secretary of State

08-11-2003 90285 040 ***150.00

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FP

DOCUMENT # P95000009045

1. Entity Name

T SHIRT CENTER, INC.



Principal Place of Business

20725 NW 16TH AVE

#1

MIAMI FL 33179

Mailing Address

20725 NW 16TH AVE

#1

MIAMI FL 33179

2. Principal Place of Business

20725 N.E. 16TH AVE

3. Mailing Address

20725 N.E. 16TH AVE.

Suite, Apt. #, etc.

Suite, Apt. #, etc.

A-1

A1

City & State

City & State

4. FEI Number

65-0556075

Applied For

Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired

☐

\$8.75 Additional Fee Required

☐ CHECK HERE IF MAKING CHANGES

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

JACOBY, SASSON
20725 NE 16TH AVE
#1
MIAMI FL 33179

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW!!! FEE IS \$550.00

After September 10, 2003 Fee will be \$750.00
Make Check Payable to Florida Department of State

9. Election Campaign Financing
Trust Fund Contribution.

☐

\$5.00 May Be Added to Fees

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE **D** ☐ Delete
NAME **JACOBY, SASSON**
STREET ADDRESS **2425 NE 195 ST**
CITY-ST-ZIP **N MIAMI BEACH FL 33180-2160**

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

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CITY-ST-ZIP

12. 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

SIGNATURE

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (4/03)



#Attachment#
HOFFMAN, LEVY, BENGIO & COHEN, PL
Certified Public Accountants and Consultants

2525 N. STATE ROAD 7 • SUITE 115
HOLLYWOOD, FL 33021
TEL: (954) 966-1141 • FAX: (954) 966-2474

86137461
\$950000089045

August 8, 2003

Department of state
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

Re: T SHIRT CENTER INC. - Corporation renewal

Dear Sir or Madam:

I ask that the penalty for the failure to file an annual report be waived. The taxpayer never received the first notice renewal form may be due a change of address. The penalty will create a hardship for the business and I ask that you please waive it.

Enclosed is my renewal form with my fee of \$150.00 for the years 2003.

Thank you very much for your help and understanding.

Sincerely,

Steven Z. Levy
Steven Z. Levy