## **2000 UNIFORM BUSINESS REPORT (UBR)** FILED May 11, 2000 8:00 am Secretary of State DOCUMENT # P95000017083 1. Entity Name TINA'S SPORTSWEAR, INC. 05-11-2000 90291 002 \*\*\*150.00 Principal Place of Business Mailing Address 2763 NW 30TH AVE 2001 NE 30TH ST LIGHTHOUSE POINT FL 33064-7628 LAUDERDALE FL 33311 LUUGGU4J US HS 3. Mailing Address 2. Principal Place of Business 9703 Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE Applied For City & State 4. FEI Number City & State 65-0569527 Not Applicable OAKLah o 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 BACHAALANI, ELIE Street Address (P.O. Box Number is Not Acceptable) 2001 NE 30TH ST LIGHTHOUSE POINT FL 33060 Zip Code City 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 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 After MAY 1, 2000 Fee will be \$550.00 Tax filing requirement and elects to do so 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 ☐ Change ☐ Addition TITL F ☐ Delete

11. TITLE NAME NAME BACHAALANI, ELIE STREET ADDRESS STREET ADDRESS 2001 NE 30TH ST. CITY-ST-ZIP CITY-ST-ZIE LIGHTHOUSE FL 33064 Change ☐ Addition ☐ Delete TITLE TITLE BACHAALANI, ELIANE NAME NAME STREET ADDRESS STREET ADDRESS 2001 NE 30TH ST. CITY-ST-ZIP CITY ST-ZIP LIGHTHOUSE FL 33064 Change ☐ Addition ☐ Delete TITLE NAME NAME. STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Change ☐ Addition ☐ Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-7IP ☐ Delete TITLE Change ☐ Addition TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Change ☐ Addition TITLE ☐ Delete TITLE NAME 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 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

Colonature And Typed on Printed Name of Signing Officer on Director

14/00 (9sh) 739-85