

**FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

FILED
Mar 20, 2002 8:00 am
Secretary of State

03-20-2002 90062 001 ***150.00

DOCUMENT # P 95000024188

1. Entity Name
Mashikos Sportswear, INC.

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business 21365 NW 2nd Ave		3. Mailing Address 21365 NW 2nd Ave	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State Miami Florida	City & State Miami Florida	City & State Miami Florida	City & State Miami Florida
Zip 33169	Country USA	Zip 33169	Country USA

DO NOT WRITE IN THIS SPACE

4. FEI Number 65-0568789	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	

DO NOT WRITE IN THIS SPACE	7. Name and Address of Current Registered Agent	
	Name Layne Verebay	
	Street Address (P.O. Box Number is Not Acceptable) 190 NE 199th Street	
	City North Miami	Zip Code FL 33179

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 _____ (NOTE: Registered Agent signature required when reinstating)

9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. ☐ **January 1 - May 1 Fee is \$150.00**
After May 1, Fee is \$550.00
Amended UBR is \$61.25
Make Check Payable to Department of State

10. Election Campaign Financing Trust Fund Contribution. ☐ **\$5.00 May Be Added to Fees**

11. OFFICERS AND DIRECTORS			
TITLE NAME STREET ADDRESS CITY - ST - ZIP	President Vera, Marcial A. 21365 NW 2nd Ave Miami, FL 33169	TITLE NAME STREET ADDRESS CITY - ST - ZIP	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	V-President Santiago, Vera 21365 NW 2nd Ave Miami, FL 33169	TITLE NAME STREET ADDRESS CITY - ST - ZIP	
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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 on an attachment with an address, with all other like empowerments.

SIGNATURE: **A. [Signature]** **2/22/02 (305) 654-0112**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date Daytime Phone

CR2E034B (12/01)