

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P95000026475

1. Entity Name

SEASON'S BEST SPORTSWEAR, INC.

FILED
Mar 04, 2000 8:00 am
Secretary of State

03-04-2000 90049 034 ***150.00

Principal Place of Business

Mailing Address

940 LINCOLN RD MALL
SUITE 204
MIAMI BEACH FL 33139

940 LINCOLN RD MALL
SUITE 204
MIAMI BEACH FL 33139-2610

2. Principal Place of Business

20725 NE 16th Ave

3. Mailing Address

20725 NE 16th Ave

Suite, Apt. #, etc.

A-31

Suite, Apt. #, etc.

Suite A-31

City & State

North Miami Beach

City & State

North Miami Beach FL

Zip

Country

FL 33179

Zip

Country

33179



DO NOT WRITE IN THIS SPACE

4. FEI Number

65-0575879

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

JACOBY, SASSON

940 LINCOLN RD MALL

SUITE 204

MIAMI BEACH FL 33139

FL 33179

20725 NE 16th

Ave Suite A-31

North Miami Beach

Name

SASSON Jacoby

Street Address (P.O. Box Number is Not Acceptable)

20725 NE 16th Ave

Suite A-31

City

North Miami Beach

FL

Zip Code

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

X S. Jacoby

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

(NOTE: Registered Agent signature required when reinstating)

DATE

9. This corporation is eligible to satisfy its Intangible
Tax filing requirement and elects to do so.
(See criteria on back) ☐

FILE NOW!!! FEE IS \$150.00
After MAY 1, 2000 Fee will be \$550.00
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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

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

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

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

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

TITLE ☐ Delete
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CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
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: X S. Jacoby

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

2/13/2000

CR2E034 (9/99)