2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # **P95000082554** May 01, 2000 8:00 am Secretary of State 1. Entity Name * PARTEX APPAREL MANUFACTURING, INC. 05-01-2000 90410 036 ***150.00 Mailing Address Principal Place of Business 10050 NW 116 WAY 10050 NW 116 WAY STE 1 MEDLEY FL 33178-1162 MEDLEY FL 33178 US 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE City & State 4. FEI Number Applied For City & State 65-0621527 Not Applicable Zip Country Country **\$8.75** Additional 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent Name ZIGHELBOIM, JUAN C Street Address (P.O. Box Number is Not Acceptable) 10050 NW 116 WAY MEDLEY FL 33178 Zip Code FL 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, 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 OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 12. 11. TIT! F Delete TITLE Change ☐ Addition ZIGHELBOIM, JUAN C. NAME NAME STREET ADDRESS STREET ADDRESS 167 DOCKSIDE CIR. CITY-ST-ZIP CITY-ST-ZIP FT. LAUDERDALE FL 33327 Delete [] Change ☐ Addition TITLE TITLE NAME WAKSMAN, SAMUEL NAME STREET ADDRESS STREET ADDRESS 3650 N. 54 AVE. CITY-ST-ZIP CITY-ST-ZIP HOLLYWOOD FL 33021 TITLE ☐ Change Addition Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change ☐ Addition □ Delete TITLE NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Change Addition 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 the empowered.

TITLE

NAME

STREET ADDRESS CITY-ST-ZIP

SIGNATURE:

TITLE

NAME STREET ADDRESS

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Delete

Change

☐ Addition