DOCUMENT # P96000012225

1. Entity Name

UNIFORM LIQUIDATORS INC.

FILED
Apr 17, 2000 8:00 am
Secretary of State

01-28-2000 90086 043 ***150.00

Principal Place of Business	Mailing Address
1618 NW 34TH TERRACE LAUDERHILL FL 33311-4210	1618 NW 34TH TERRACE LAUDERHILL FL 33311-4210

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business	3. Mailing Address
3851 W OAKLAND PK BLVD	3851 W OAKLAND PK BLVD
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State: LAUDERHILL Fl	City & State: LAUDERHILL Fl
Zip: 33311 Country: BROWARD	Zip: 33311 Country: BROWARD

4. FEI Number 65-0652264 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required

6. **Name and Address of Current Registered Agent**

~~RAZLA, ALAN N P.A.~~
~~22 BOXWOOD ROAD~~
~~HOLLYWOOD FL 33021~~

HOFFMAN, LEVY + ASSOC CPA's
2525 N STATE RD 7
SUITE # 215
HOLLYWOOD, Fl 33021

7. **Name and Address of New Registered Agent**

Name: HOFFMAN LEVY + ASSOC CPA'S
Street Address (P.O. Box Number is Not Acceptable): 2525 N STATE RD 7, SUITE 215
HOLLYWOOD FL Zip Code 33021

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 [signature] STEVEN ZVI LEVY DATE 3/3/2000

Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

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	PST ☐ Delete	TITLE	☐ Change ☐ Addition
NAME	HOLZKENNER, STEWART	NAME	
STREET ADDRESS	6901 ENVIRON BLVD. 5A	STREET ADDRESS	
CITY-ST-ZIP	LAUDERHILL FL 33319	CITY-ST-ZIP	
TITLE	☐ Delete	TITLE	☐ Change ☐ Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	☐ Delete	TITLE	☐ Change ☐ Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	☐ Delete	TITLE	☐ Change ☐ Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	☐ Delete	TITLE	☐ Change ☐ Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	☐ Delete	TITLE	☐ Change ☐ Addition
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: [signature] President. 1/21/00 954-753-3033

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #