

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P96000023890

1. Entity Name

SCHOOL DAZE UNIFORMS, INC.

**FILED**  
**Apr 25, 2000 8:00 am**  
**Secretary of State**

04-25-2000 90122 009 \*\*\*150.00

Principal Place of Business

3227 NE 2 AVE. 500 NW 27 St.  
MIAMI FL 33137 Suite D

Mailing Address

5781 BISCAYNE BLVD..  
SUITE 504  
MIAMI FL 33137-2603

2. Principal Place of Business

500 NW 27 St

3. Mailing Address

1550 NE 123 St

Suite, Apt. #, etc.

Suite D

Suite, Apt. #, etc.

St # N 401

City & State

Miami FL

City & State

N. Miami FL

Zip  
33127

Country  
US

Zip  
33161

Country  
US



DO NOT WRITE IN THIS SPACE

4. FEI Number

65-0654902

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

LAWHORN, RITA

5781-BISCAYNE BLVD.; SUITE 504

MIAMI FL 33137

Name

RITA LAWHORN

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

1550 NE 123 St # N 401

City

N. Miami

FL

Zip Code

33161

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

*Rita Lawhorn*

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

(NOTE: Registered Agent signature required when reinstating)

DATE

4/18/00

9. This corporation is eligible to satisfy its Intangible

Tax filing requirement and elects to do so. ☐

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	D	<input type="checkbox"/> Delete
NAME	LAWHORN, RITA	
STREET ADDRESS	5781 BISCAYNE BLVD., SUITE 504	
CITY-ST-ZIP	MIAMI FL 33137	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE		<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	RITA LAWHORN	
STREET ADDRESS	1550 NE 123 St. Ste N 401	
CITY-ST-ZIP	N. Miami, FL 33161	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> 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:

*Rita Lawhorn*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/18/00  
Date

(305) 573-6555  
Daytime Phone #

CR2E034 (9/99)