2002 Uniform Business Report (UBR)

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Apr 03, 2002 8:00 am Secretary of State P96000060730 DOCUMENT # 1. Entity Name CUSTOM CREATIONS SPORTSWEAR, INC. 04-03-2002 90005 018 ***150 00 Principal Place of Business Mailing Address 6950 NW 37TH AVE 6950 NW 37TH AVE **MIAMI FL 33147** MIAMI FL 33147 US 3. Mailing Address 2. Principal Place of Business Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE Applied For City & State City & State 4. FEI Number 65-0690226 Not Applicable Zip Country Zip 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 ---AJWANI, MINAR Street Address (P.O. Box Number is Not Acceptable) 6950 NW 37TH AVE. **MIAMI FL 33147** Zip Code City 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 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 Tax filing requirement and elects to do so. After May 1, 2002 Fee will be \$550.00 Trust Fund Contribution. Added to Fees (See criteria on back) Make Check Payable to Department of State ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 11. OFFICERS AND DIRECTORS PSD Change ☐ Addition TITI F TITLE ☐ Delete AJWANI, MINAR NAME NAME 15801 BERWICK WAY STREET ADDRESS STREET ADDRESS **MIAMI FL 33014** CITY-ST-ZIP CITY-ST-ZIP TITLE D Addition GOBIND AJUSTAZ ☐ Change TITLE ☐ Delete NAME NAME 15801 BERWICK WAY STREET ADDRESS STREET ADDRESS MIAMI, FL 33014 CITY-ST-ZIP CITY-ST-ZIP THOU AJWANZ ☐ Delete Change Addition TITLE NAME NAME 15801 BORWICK WAY STREET ADDRESS STREET ADDRESS MIRMI, FL 32014 CITY-ST-ZIP CITY-ST-ZIP ☐ Change ☐ Addition Delete TITLE TITLE NAME STREET ADDRESS STREET ADDRESS CITY-ST-7IP CITY-ST-ZIP ☐ Change ☐ Addition ☐ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP □ Delete TITI F Change ☐ Addition TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-7IP 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.