

# 2001 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Feb 28, 2001 8:00 am**  
**Secretary of State**  
 02-28-2001 90100 012 \*\*\*150.00

**DOCUMENT # P96000078433**

1. Entity Name  
**MIAMI APPAREL CORPORATION**

Principal Place of Business <b>15271 NW 60 AVE                  103A                  MIAMI LAKES FL 33014                  US</b>	Mailing Address <b>15271 NW 60 AVE                  103A                  MIAMI LAKES FL 33014                  US</b>
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2. Principal Place of Business <b>As above</b>	3. Mailing Address <b>As above</b>
Suite, Apt. #, etc.	Suite, Apt. #, etc.

City & State	City & State	Zip	Country

4. FEI Number <b>65-0701224</b>	Applied For <input type="checkbox"/> Not Applicable
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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**

**LAM, CHUN SING  
 15271 NW 60 AVE STE 103A  
 MIAMI LAKES FL 33014**

Name
Street Address (P.O. Box Number is Not Acceptable)
City
State <b>FL</b> Zip Code

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]* **president**  
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, 2001 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	<b>D</b>	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	<b>LAM, CHUN SING</b>		NAME		
STREET ADDRESS	<b>15271 NW 60 AVE STE 103A</b>		STREET ADDRESS		
CITY-ST-ZIP	<b>MIAMI LAKES FL 33014</b>		CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
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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**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

**305-828232**

CR2E034 (10/00)