FILED

2002 Uniform Business Report (UBR)

SIGNATURE:

Apr 01, 2002 8:00 am Secretary of State P96000078433 **DOCUMENT #** 1. Entity Name 04-01-2002 90018 039 ***150.00 MIAMI APPAREL CORPORATION Principal Place of Business Mailing Address 15271 NW 60 AVE 15271 NW 60 AVE 103A MIAMI LAKES FL 33014 MIAMI LAKES FL 33014 US 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. 17421 SW Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE City & State City & State Applied For 4. FEI Number 65-0701224 Miramar Not Applicable Hiramar Country \$8.75 Additional 5. Certificate of Status Desired 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent LAM, CHUN SING Street Address (P.O. Box Number is Not Acceptable) 15271 NW 60 AVE STE 103A 7421 JN 35 MIAMI LAKES FL 33014 Hiranar 8. The above named entity submits this etalement for the purpose of changing its registered office or registered agent, or both, in the State of Florida Cheer Sing SIGNATURE \$5.00 May Be FILE NOW!!! FEE IS \$150.00 9. This corporation is eligible to satisfy its Intangible 10. Election Campaign Financing After May 1, 2002 Fee will be \$550.00 Tax filing requirement and elects to do so Trust Fund Contribution. (See criteria on back) Make Check Payable to Department of State OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 11. 12. Lan, Chur Sing. 17421 SW 35 ST Change TITLE ☐ Delete TITLE CR2E034 (9/01 NAME LAM. CHUN SING NAME STREET ADDRESS 15271 NW 60 AVE STE 103A STREET ADDRESS CITY-ST-ZIP MIAMI LAKES FL 33014 CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete ☐ Change ☐ Addition TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS City-St-7iP-CITY STEZIP Change ☐ Addition TITLE Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Defete ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-7IP 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.