2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P97000015054 1. Entity Name CLUB 55 APPAREL, INC.						Jul 06, 2000 8:00 am Secretary of State				
<u> </u>	<u></u>	Marrie Care				05-31-2	2000 90001	J3/ """"	158./5	
Principal Place	e of Business	Mailing Address								
455 LINCOLN ROAD MIAMI BEACH FL 33139		455 LINCOLN ROAD MIAMI BEACH FL 33139-3002								
) (4 POLOTE FOR 1864) (80) (80) (80)	: 12 00:11 00:12 140:1	oun adiði h il	11 414 1 6 74 1	
2. Principal Place of Business		3. Mailing Address			-					
Suite, Apt. #, etc.		Suite, Apt. #, etc.			_	DO NOT WR	ITE IN THIS SPA	CE		
City & State		City & State			4. F	4. FEI Number 65-0733172 Applied For Noi Applicable				
Zip Country		Zip	Zip Country		5. 0	5. Certificate of Status Desired \$8.75 Additional Fee Required			itional	
	6. Name and Address of Current I	Parietered Agent	<u> </u>			ame and Address of New				
	6. Maile alia Wadisas of Catterit	mat	÷-,	⊷Name -		مراجعت مهرسيد عا				·
SCHECHTRAN, JENNIFER 9050 PINES BLVD				Street Addres	ss (P.O. Bo	ox Number is Not Acceptab	le			l
SUIT	E-385A					:	<u> </u>			
PEM	BROKE PINES FL 33024		City	-		FL	Zip Code			
8. The above	named entity submitted a statement for	the purpose of changing its	register	ed office or regi	stered age	ent, or both, in the State of F	orida.	100		
SIGNATURE .	1 Jen						1/25/	69		İ
	Signature, typed or permantame of redistered agent a	nd title if applicable (NOTI	E: Registere	d Agent algnature rec	ured when re	nsteting)	DATE /			
Tax filing r	oration is eligible to satisfy its Intangible equirement 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 St				10. Election Campaign F Trust Fund Contributi			D May Be to Fees	
11.	OFFICERS AND	DIRECTORS	12.		AD	DITIONS/CHANGES TO OF	FICERS AND DI	RECTORS	SIN 11	_
TITLE	P Province Date	☐ Delete	ΠTL	- 1			'] Change	Addition	CR2E034 (9/99)
NAME Street adoress	BECHINAINOU, PAUL 455 LINCOLN ROAD		NAM STRI	EET ADDRESS			1			절
CITY-ST-ZIP	MIAMI BEACH FL 33139			-ST-ZIP		, , , , , , , , , , , , , , , , , , ,	!			띯
TITLE	VP	☐ Delete	m	E			Ϊ Ε	Change	Addition	ပ
NAME	BECHINAINOU, YVES		NAM	EET ADORESS			1			١
STREET ADDRESS CITY-ST-ZIP	455 LINCOLN ROAD MIAMI BEACH FL 33139			-ST-ZIP						1
TITLE	SD SD	Delete	TITL	E		i	; [Change	Addition	
NAME	CAAN, ROBERTO			E _		والمتهمية منايد السابيا وال	4	<u>-</u>	_	}
_STREET_ADDRESS -	455 LINCOLN ROAD			EET ADORESS '- ST-ZIP		4	,			
TITLE	-MIAMI-BEACH-FL 33139	☐ Delete	TITL			3	τ	Change	☐ Addition	İ
NAME			NAM				!			ļ
STREET ADDRESS	•			EET ADDRESS '-ST-ZIP		ı				
CITY-ST-ZIP		☐ Delete	TITL				<u> </u>	Change	Addition	
TITLE Name		C Deserte	NAM				1		_	
STREET ADDRESS				EET ADORESS			;			ŀ
CITY-ST-ZIP			+	-ST-ZIP		1	·	7 Change	☐ Addition	ł
TITLE NAME	1	☐ Delete	TITL NAM	1			,] Change		}
STREET ADDRESS				EET ADORESS			:			
CITY-ST-ZIP	, <u> </u>			-ST-ZIP			!			1
13. I hereby of indicated of the corchanged,	perify that the information supplied with on this report or supplemental report is poration or the receiver or truffee empor or on an attachment with an address, v	this filing does not qualify to true and accurate and that i wered to execute this report with all other like empowered	r the exe my signa as requi	emption stated in ture shall have to tred by Chapter	Section in Section in	119.07(3)(i), Florida Statutes egal effect as if made unde ta Statutes; and that my nar	:(I further certify r oath; that I am me appears in B	that the in an officer- lock 11 or	iformation or director Block 12 if	
SIGNAT	URE:	SUNTED VAXISE OF SIGNING OFFICER	OR MPC	TOR		6/2/00 Date	i Davts	me Phone #		
	DIUNA (UME AND 13 PED CHE		Un UITEL	1973			,~			