

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P97000052439

1. Entity Name

PLATEAU JEANS, INCORPORATED

**FILED**  
**Apr 24, 2000 8:00 am**  
**Secretary of State**

04-24-2000 90075 035 \*\*\*150.00

Principal Place of Business

Mailing Address

1423 WASHINGTON AVENUE  
MIAMI BEACH FL 33139

1423 WASHINGTON AVENUE  
MIAMI BEACH FL 33139-4109

2. Principal Place of Business

3444-48 MAIN HIGHWAY

3. Mailing Address

425 NW 26 ST

Suite, Apt. #, etc.

Suite, Apt. #, etc.

#4

City & State

MIAMI, FL

City & State

MIAMI, FL

Zip

33133

Country

USA

Zip

33127

Country

USA



DO NOT WRITE IN THIS SPACE

4. FEI Number

65-0768588

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

PEREZ, JAIME  
1423 WASHINGTON AVE  
MIAMI BEACH FL 33139

Name

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

425 NW 26 ST

City

MIAMI

FL

Zip Code

33127

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)

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, 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 ☐ Delete  
NAME P  
STREET ADDRESS PEREZ, JAYME  
CITY-ST-ZIP 1423 WASHINGTON AVE  
MIAMI BCH FL 33139

TITLE ☒ Change ☐ Addition  
NAME  
STREET ADDRESS 425 NW 26 ST  
CITY-ST-ZIP MIAMI, FL 33127

TITLE ☐ Delete  
NAME VPS  
STREET ADDRESS PEREZ, JOAO R  
CITY-ST-ZIP 1423 WASHINGTON AVE  
MIAMI BCH FL 33139

TITLE ☒ Change ☐ Addition  
NAME  
STREET ADDRESS 425 NW 26 ST  
CITY-ST-ZIP MIAMI, FL 33127

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

04/19/00 (305) 438-0717

Date

Daytime Phone #

CR2E034 (9/99)