

**FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

FILED
May 01, 2002 8:00 am
Secretary of State

05-01-2002 91560 003 ***150.00

DOCUMENT # 797000084419 ✓
1. Entity Name Weston App Corp
Apparel Corporation

DO NOT WRITE IN THIS SPACE

642748

2. Principal Place of Business 2226 Weston Rd
Suite, Apt. #, etc. Bay E
City & State Weston FL
Zip 33226 Country USA
3. Mailing Address SAME
Suite, Apt. #, etc. Bay E
City & State Weston FL
Zip 33226 Country USA

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4. FEI Number 650817020
Applied For ☐ Not Applicable
5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required

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IN THIS SPACE**

7. Name and Address of Current Registered Agent
Name Bruce Smoler
Street Address (P.O. Box Number is Not Acceptable) 100 S 2nd Street
#12620
City Miami FL Zip Code 33131

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)
January 1 - May 1 Fee is \$150.00
After May 1, Fee is \$550.00
Amended UBR is \$61.25
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

TITLE NAME STREET ADDRESS CITY-ST-ZIP	Director David Abady 2110 NE 214 ST N. Miami, FL 33179
TITLE NAME STREET ADDRESS CITY-ST-ZIP	Director Elizabeth Abady 2110 NE 214 ST N. Miami, FL 33179
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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 on an attachment with an address, with all other like empowered.

SIGNATURE: Elizabeth Abady
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR
Date 4/16/02 (305) 935-0096
Daytime Phone #

CR2E034B (12/01)