

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
May 22, 2002 8:00 am
Secretary of State

05-22-2002 90160 006 ***150.00



DO NOT WRITE IN THIS SPACE

DOCUMENT # P97000094236			
1. Entity Name UI APPAREL GROUP, INC.			
Principal Place of Business 2915 NE 8 TERRACE #101 FORT LAUDERDALE FL 33334 US		Mailing Address POST OFFICE BOX 23896 FORT LAUDERDALE FL 33307	
2. Principal Place of Business 555 NE 42 ST.		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State FORT LAUDERDALE, FL		City & State	
Zip 33334	Country USA	Zip	Country
4. FEI Number 65-0793381		Applied For - <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>		8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent MANJARRES, JAVIER 2915 NE 8 TERR #101 FORT LAUDERDALE FL 33334		7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) 555 NE 42 ST City FORT LAUDERDALE FL Zip Code 33334	
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 _____ DATE _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>			
9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. <input type="checkbox"/> (See criteria on back)		FILE NOW!!! FEE IS \$150.00 After May 1, 2002 Fee will be \$550.00 Make Check Payable to Department of State	
10. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		\$5.00 May Be Added to Fees	
11. OFFICERS AND DIRECTORS		12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PSTD MANJARRES, JAVIER 2915 NE 8 TERR #101 FORT LAUDERDALE FL 33334 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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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 Block 12 if changed, or on an attachment with an address, with all other like empowered.			
SIGNATURE: SIGNATURE REQUIRED		Date 26 APR 02 Daytime Phone # 754-390-0906	

CR2E034 (9/01)