

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

DOCUMENT # P970000094236

1. Entity Name

UI APPAREL GROUP, INC



FILED

03 JUL 16 AM 8:57

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

555 NE 42 ST

3. Mailing Address

P.O. Box 23896

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

FORT LAUDERDALE FL.

City & State

FORT LAUDERDALE, FL

4. FEI Number

300021649129

07/18/03--01079--029 **150.00

DO NOT WRITE IN THIS SPACE

Applied For

Not Applicable

Zip

33334

Country

USA

Zip

33307

Country

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

7. Name and Address of Current Registered Agent

Name

JAVIER MANJANES

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

555 NE 42 ST

City

FORT LAUDERDALE

FL

Zip Code

33334

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IN THIS SPACE**

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

January 1 - May 1 Fee is \$150.00

After May 1, Fee is \$550.00

Amended UBR is \$61.25

Make Check Payable to Florida Department of State

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
PSTO
MANJANES, JAVIER
555 NE 42 ST
FORT LAUDERDALE, FL. 33334

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

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12. 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 10 or on an attachment with an address, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

5 JUN 03

Date

954-390-0906

Daytime Phone #

CR2E034B (12/02)

UI!

14-Jul-03

APPAREL GROUP, INC

FLORIDA DEPARTMENT OF STATE
TINA ROBERTS

WE(UI APPAREL GROUP) NEVER RECEIVED THE FILING FORM FOR 2003
I CALLED IN MAY TO ASK WHY WE HAD NOT RECEIVED ONE. THE PERSON
I SPOKE WITH TOLD ME SHE WOULD SEND OUT A NEW ONE IMMEDIATELY.
WE DID RECEIVE IT.(SEE ATTACHED DOCUMENTS) IT WAS COMPLETED
AND A CHECK FOR THE YEARLY DUES OF \$150.00 WAS SENT.
WE JUST RECEIVED THIS CHECK AND APPLICATION BACK FROM YOU.
OBVIOUSLY, THIS IS PAST THE FILING DATE. THIS IS NOT OUR FAULT.

PLEASE SEE TO IT THAT EVERYTHING IS IN ORDER NOW. THANK YOU.

BEST REGARDS,



JAVIER MANJARRES, PRESIDENT