

2000 UNIFORM BUSINESS REPORT (UBR)**DOCUMENT # P98000015893**

1. Entity Name

IN UNISON SCHOOL APPAREL, INC.**FILED****Jan 25, 2000 8:00 am**
Secretary of State

01-25-2000 90023 014 ***150.00

Principal Place of Business

**10060 W. MCNAB ROAD
TAMARAC FL 33321**

Mailing Address

**10060 W. MCNAB ROAD
TAMARAC FL 33321-1894**

2. Principal Place of Business

10060 W McNab Road

Suite, Apt. #, etc.

3. Mailing Address

10060 W McNab Rd

Suite, Apt. #, etc.

TAMARAC, FL

City & State

TAMARAC, FL

City & State

Zip **33321**Country **USA**Zip **33321**Country **USA**

4. FEI Number

65-0818590

Applied For

Not Applied

5. Certificate of Status Desired ☐**\$8.75** Additional
Fee Required

6. Name and Address of Current Registered Agent

**FINKELSTEIN, MARCI
817 S. UNIVERSITY DR. #109
PLANTATION FL 33324**

7. Name and Address of New Registered Agent

Name

MARCI FINKELSTEIN

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

10311 NW 10th CT**Plantation, FL**

City

FL

Zip Code

33322

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

MARCI FINKELSTEIN

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

(NOTE: Registered Agent signature required when reinstating)

1/13/00

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 State10. Election Campaign Financing
Trust Fund Contribution. ☐**\$5.00** May Be
Added to Fees

11. OFFICERS AND DIRECTORS

TITLE **D** ☒ Delete
NAME **FINKELSTEIN, MARCI**
STREET ADDRESS **10060 WEST MCNAB ROAD**
CITY-ST-ZIP **TAMARAC FL 33321**TITLE **P** ☐ Delete
NAME **Finkelstein, Marci**
STREET ADDRESS **10060 W McNab Rd**
CITY-ST-ZIP **TAMARAC, FL 33321**TITLE **VP** ☐ Delete
NAME **Melissa Zeidwig**
STREET ADDRESS **10060 W McNab Rd**
CITY-ST-ZIP **TAMARAC, FL 33321**TITLE **M** ☐ Delete
NAME **Carol Zeidwig**
STREET ADDRESS **10060 W McNab Rd**
CITY-ST-ZIP **TAMARAC, FL 33321**TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIPTITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

☐ Change ☐ AdditionTITLE
NAME
STREET ADDRESS
CITY-ST-ZIPTITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIPTITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIPTITLE ☐ Change ☐ Addition
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CITY-ST-ZIPTITLE ☐ 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:

MARCI FINKELSTEIN
MARCI FINKELSTEIN

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/13/00
Date**954.718.7030**
Daytime Phone #