

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P98000038165

1. Entity Name

INTERNATIONAL NECKWEAR CONSULTANTS, INC.

FILED
May 15, 2000 8:00 am
Secretary of State

05-15-2000 90152 048 ***150.00

Principal Place of Business

Mailing Address

21 NE FIRST AVE
 MIAMI FL 33134

21 NE FIRST AVE
 MIAMI FL 33132-2424

2. Principal Place of Business

3. Mailing Address

145 E. Flagler St
 Suite C-2
 Miami, Florida

145 E. Flagler St
 Suite C-2
 Miami, Florida



DO NOT WRITE IN THIS SPACE

City & State
 Miami, Florida

City & State
 Miami, Florida

4. FEI Number 65-0833459

Applied For
 Not Applicable

Zip 33131

Country U.S.A.

Zip 33131

Country U.S.A.

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

PETER G. GRUBER, P.A.
 9100 S DADELAND BLVD
 STE 910
 MIAMI FL 33156

Change to Solano

Name THE SOLANO GROUP, P.A. (YOLANDA SOLANO)
 Street Address (P.O. Box Number is Not Acceptable) 782 N.W. 42nd Avenue Suite 328
 City Miami FL Zip Code 33126

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

YOLANDA SOLANO (THE SOLANO GROUP, P.A.) Jan 17, 2000.
 (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 NAME VERGEL, DIEKY
 STREET ADDRESS 6660 SW 130TH AVE, #19
 CITY-ST-ZIP MIAMI FL 33183

145 E. Flagler St
 Miami, FL 33131

TITLE NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE 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 file empowered.

SIGNATURE: *[Signature]* DEIKY VERGEL, Jan 17, 2000. (305) 441-2606
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (9/99)