

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P98000058832

1. Entity Name

JORUBO SPORTSWEAR, INC.

Principal Place of Business

110 ROYAL PARK DRIVE #3G
FORT LAUDERDALE FL 33309

Mailing Address

110 ROYAL PARK DRIVE #3G
FORT LAUDERDALE FL 33309-6527

2. Principal Place of Business

6820 NW 33RD TERR

3. Mailing Address

6820 NW 33RD TERR

Suite, Apt. #, etc.

FORT LAUDERDALE

Suite, Apt. #, etc.

FT. LAUDERDALE

City & State

FLORIDA

City & State

FLORIDA

Zip

33309

Country

USA

Zip

33309

Country

USA

6. Name and Address of Current Registered Agent

BORRES, JOANNA
110 ROYAL PARK DRIVE #3G
FORT LAUDERDALE FL 33309

7. Name and Address of New Registered Agent

Name LUGE, JOANNA (MARRIED NAME)
Street Address (P.O. Box Number is Not Acceptable)
~~6820 NW 33RD TERRACE~~
FORT LAUDERDALE
City FL Zip Code 33309

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 Joanna Luge (PREVIOUSLY MARRIED) DATE 4/7/00

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) ☐

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

TITLE	P	<input checked="" type="checkbox"/> Delete
NAME	BORRES, JOANNA	
STREET ADDRESS	110 ROYAL PARK DRIVE #3G	
CITY-ST-ZIP	FORT LAUDERDALE FL 33309	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	P	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	LUGE, JOANNA	
STREET ADDRESS	6820 NW 33RD TERRACE	
CITY-ST-ZIP	FORT LAUD., FLORIDA 33309	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> 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: Joanna Luge JOANNA LUGE

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

4/07/00 (954) 974-7897

Daytime Phone #

FILED
Apr 11, 2000 8:00 am
Secretary of State

04-11-2000 90011 034 ***158.75



DO NOT WRITE IN THIS SPACE