

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

Page 1 of 2

0057736 AN

DOCUMENT # P98000062275

1. Entity Name
APPAREL WORKS, INC.



FILED

03 AUG -8 AM 10:30

SECRETARY OF STATE
TALLAHASSEE, FLORIDA



Principal Place of Business
1301 NW 155TH DR
MIAMI FL 33169

Mailing Address
1301 NW 155TH DR
MIAMI FL 33169

2. Principal Place of Business

3. Mailing Address

*1301 NW 155TH DR
#A*

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

MIAMI FL

4. FEI Number

65-0851681

Applied For
Not Applicable

Zip

Country

Zip

Country

33169 USA

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

JONES, ERNEST
1301 NW 155TH DR
MIAMI FL 33169

Name

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

City

FL

Zip Code

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

7-17-03

FILE NOW!!! FEE IS \$550.00
After September 10, 2003 Fee will be \$750.00
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

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
P
JONES, ZETTIE
1301 NW 155 DR
MIAMI FL 33169 ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
500022290165
08/13/03--01055--014 **150.00 ☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
VP
JONES, ZETTIE
1301 NW 155TH DR
MIAMI FL 33169 ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
SEC
JONES, ERNEST
1301 NW 155 DR
MIAMI FL 33169 ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Change ☐ Addition

TITLE
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☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Change ☐ Addition

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 Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

SIGNATURE REQUIRED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

7-17-03 786-8536192

CR2E034 (4/03)

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HELLO,

I AM WRITING YOU THIS LETTER
TO INFORM YOU THAT I RECEIVED
NO NOTICE OF FILING PRIOR TO THIS

THIS COULD BE BECAUSE YOU HAVE
AN INCOMPLETE ADDRESS. MY COMPLETE
ADDRESS IS:

APPAREL WORKS
1301 NW 155TH #A
MIAMI, FL 33169.

IN LIGHT OF THIS I AM REQUESTING
A WAIVER OF THE LATE FEE.

I AM ENCLOSED A ~~\$\$\$~~ MONEY ORDER
FOR THE ORIGINAL AMOUNT OF \$150.00

THANK YOU,

FARIST TOWNE