

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P98000062615

1. Entity Name
GILDAN ACTIVEWEAR MIAMI, INC.

Principal Place of Business: 3400B NW 74TH AVENUE MIAMI FL 33122
Mailing Address: 3400B NW 74TH AVENUE MIAMI FL 33122

2. Principal Place of Business
3. Mailing Address

Suite, Apt. #, etc.

City & State

Zip Country

4. FEI Number **65-0852928** Applied For
Not Applicable

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

LEDER, NATHAN I
5200 BLUE LAGOON DRIVE SUITE 600
MIAMI FL 33126

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.

SIGNATURE _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

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 \$550.00
After SEPTEMBER 13, 2000 Min. will be \$750.00
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	D	<input type="checkbox"/> Delete
NAME	LEDER, NATHAN I	
STREET ADDRESS	5200 BLUE LAGOON DRIVE SUITE 600	
CITY-ST-ZIP	MIAMI FL 33126	
TITLE	CD	<input type="checkbox"/> Delete
NAME	CHAMANDY, H. GREGORY	
STREET ADDRESS	6000 DEACON, APT B1	
CITY-ST-ZIP	MONTREAL, QUEBEC H3S- 2P3	
TITLE	P	<input type="checkbox"/> Delete
NAME	CHAMANDY, GLENN J	
STREET ADDRESS	2140 SUNSET ROAD	
CITY-ST-ZIP	TMR, QUEBEC H3R- 2Y6	
TITLE	V	<input type="checkbox"/> Delete
NAME	TISCH, EDWIN B	
STREET ADDRESS	69 GLENMORE ROAD	
CITY-ST-ZIP	HAMPSTEAD, QUEBEC H3X- 3N1	
TITLE	V	<input type="checkbox"/> Delete
NAME	SELLYN, LAURENCE G	
STREET ADDRESS	66 N VICTORIA	
CITY-ST-ZIP	HUDSON, QUEBEC J0P- 1J0	
TITLE	S	<input type="checkbox"/> Delete
NAME	CHAMANDY, SHIRLEY	
STREET ADDRESS	5955 WILDERTON, APT 4F	
CITY-ST-ZIP	MONTREAL, QUEBEC H3S- 2V1	

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS	58 PLACE BELVEDOIRE	
CITY-ST-ZIP	WESTMOUNT, QUE., CANADA H3Y1P5	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS	ONE WOOD AVENUE, SUITE 1802	
CITY-ST-ZIP	WESTMOUNT, QUE., CANADA H3Z 3C5	
TITLE		<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS	64 MOUNT VICTORIA	
CITY-ST-ZIP	HUDSON HEIGHT, QUE., CANADA J0P 1J0	
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: SIGNATURE RECEIVED DB. TISCH July 28, 2000 (54)735-2023
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

FILED
Aug 23, 2000 8:00 am
Secretary of State

08-23-2000 90032 003 ***550.00



DO NOT WRITE IN THIS SPACE

CR2E034 (5/00)