

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P98000081901

1. Entity Name
UNITEX APPAREL USA, INC.

FILED
Mar 20, 2000 8:00 am
Secretary of State

03-20-2000 90128 025 ***150.00

Principal Place of Business
**766-C E. ALTAMONTE DR
ALTAMONTE SPRINGS FL 32701**

Mailing Address
**766-C E. ALTAMONTE DR
ALTAMONTE SPRINGS FL 32701-4816**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number **59-3547701**

Applied For
Not Applicable

Zip

Country

Zip

Country

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

**GRAY, HARRIS & ROBINSON, P.A.
201 E. PINE STR., STE. 1200
ORLANDO FL 32801**

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

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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	D	<input type="checkbox"/> Delete
NAME	GULAMHUSEIN, NAZIR	
STREET ADDRESS	61 AMBER STREET	
CITY-ST-ZIP	MARKHAM, ONTARIO, CANADA L3R3J-7	
TITLE	V	<input type="checkbox"/> Delete
NAME	EBRAHIM, ZUHAIR	
STREET ADDRESS	408 SUMMIT RIDGE PL- #216	
CITY-ST-ZIP	LONGWOOD FL 32779	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
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CITY-ST-ZIP		

TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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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: *Abraham Zuhair Ebrahim*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

MAR. 14/00 (407) 260.1800
Date Daytime Phone #

CR2E034 (9/99)