

**FOR PROFIT CORPORATION  
UNIFORM BUSINESS REPORT (UBR)**

**FILED**  
**Mar 13, 2003 8:00 A.M.**  
**Secretary of State**

DOCUMENT # **P98000099164**

1. Entity Name

**AMERICAN GLOBAL UNIFORMS CORP.**



**DO NOT WRITE IN THIS SPACE**

2. Principal Place of Business

**1825 NW 77th AVE**

Suite, Apt. #, etc.

3. Mailing Address

**1825 NW 77th AVE**

Suite, Apt. #, etc.

DO NOT WRITE IN THIS SPACE

City & State

**PEMBROKE PINES FL**

Zip

**33024**

Country

**USA**

City & State

**PEMBROKE PINES FL**

Zip

**33024**

Country

**USA**

4. FEI Number

**65-0877803**

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75** Additional  
Fee Required

7. Name and Address of Current Registered Agent

Name

**GUSTAVO GARBER**

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

**1825 NW 77th AVE**

City

**PEMBROKE PINES**

**FL**

Zip Code

**33024**

**DO NOT WRITE  
IN THIS SPACE**

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

**January 1 - May 1 Fee is \$150.00**

**After May 1, Fee is \$550.00**

**Amended UBR is \$61.25**

**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

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
**P  
GARBER GUSTAVO  
1825 NW 77th AVE  
PEMBROKE PINES FL 33024**

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

**100014061481  
03/13/03--01042--009 \*\*\*150.00**

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IN THIS SPACE**

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 on an attachment with an address, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPE OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**03-10-03**

Date

Daytime Phone #

CR2E034B (12/02)