

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P99000003829

1. Entity Name

T-SHIRT UNIVERSE INC.

FILED
Apr 17, 2000 8:00 am
Secretary of State

04-17-2000 90057 041 ***158.75

Principal Place of Business

Mailing Address

1100 N.W. 13TH STREET
SUITE D-296
BOCA RATON FL 33486

1100 N.W. 13TH STREET
SUITE D-296
BOCA RATON FL 33486-2280

00003110



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

4910 BLUE LAKE DRIVE

Suite, Apt. #, etc.

SUITE 120

City & State

BOCA RATON, FLORIDA

Zip

33431

Country

USA

3. Mailing Address

4910 BLUE LAKE DRIVE

Suite, Apt. #, etc.

SUITE 120

City & State

BOCA RATON, FLORIDA

Zip

33431

Country

USA

4. FEI Number

65-0884556

Applied For

Not Applicable

5. Certificate of Status Desired

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

SHENKMAN, KEN

1100 N.W. 13TH STREET

SUITE D-296

BOCA RATON FL 33486

7. Name and Address of New Registered Agent

Name

MICHAEL DUGGAN

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

4910 BLUE LAKE DRIVE

SUITE 120

City

BOCA RATON

FL

Zip Code

33431

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

(NOTE: Registered Agent signature required when reinstating)

DATE

Michael G. Duggan

MICHAEL G. DUGGAN COO.

2/15/00

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	D	<input type="checkbox"/> Delete
NAME	KROPKE, CHARLES J	
STREET ADDRESS	1100 N.W. 13TH STREET, SUITE D-296	
CITY-ST-ZIP	BOCA RATON FL 33486	
TITLE	D	<input type="checkbox"/> Delete
NAME	DUGGAN, MICHAEL	
STREET ADDRESS	1100 N.W. 13TH STREET, SUITE D-296	
CITY-ST-ZIP	BOCA RATON FL 33486	
TITLE	D	<input checked="" type="checkbox"/> Delete
NAME	SHENKMAN, KEN	
STREET ADDRESS	10550 PEBBLE COVE LANE	
CITY-ST-ZIP	BOCA RATON FL 33498	
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	DP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	KROPKE, CHARLES J	
STREET ADDRESS	2303 SE. 14TH STREET	
CITY-ST-ZIP	POM PANO BEACH, FL 33062	
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:

Michael G. Duggan

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

MICHAEL G. DUGGAN

2/23/00

Date

561-998-0542

Daytime Phone #

CR2E034 (9/99)