

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P99090003953

Entity Name

FURY SPORTSWEAR INTERNATIONAL, INC.

FILED

May 15, 2000 8:00 am
Secretary of State

02-08-2000 90174 001 ***150.00

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|---|---|
| 1. Place of Business COLLINS AVENUE, SUITE 201-B ISLES BEACH FL 33160 | 2. Mailing Address 19390 COLLINS AVENUE, SUITE 201-B SUNNY ISLES BEACH FL 33160 |
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| 3. Mailing Address 19390 COLLINS AVE SUNNY ISLES, FL 33160 |
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| 4. City & State SUNNY ISLES FLA |
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| 5. City & State SUNNY ISLES FLA |
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| 6. City & State SUNNY ISLES FLA |
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| 7. FFI Number 065-0887196 | Applied For Not Applicable |
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| 8. Certificate of Status Desired <input type="checkbox"/> | \$8.75 Additional Fee Required |
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| 9. Name and Address of Current Registered Agent ALMAN, MARTIN H 17290 N.E. 19TH AVENUE NORTH MIAMI BEACH FL 33162-2210 |
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| 10. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code |
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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.

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| Signature, typed or printed name of registered agent and date if applicable <i>[Signature]</i> - President 2/04/2000 | (NOTE: Registered Agent signature required when reinstating) | DATE |
|---|--|------|

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

11. 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 | |
|--|---------------------------------|---|---|
| PD GOLDFARB, MICHAEL 2851 N.E. 183RD STREET AVENTURA FL 33160 | <input type="checkbox"/> Delete | TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| | <input type="checkbox"/> Delete | TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
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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: <i>[Signature]</i> - MICHAEL GOLDFARB 2/4/00 | Signature and Typed or Printed Name of Signing Officer or Director | Date | Daytime Phone |
|---|--|------|---------------|

CR034 (9/99)