2000 UNIFORM BUSINESS REPORT (UBR) DOCUMENT # P9900020153 1. Entity Name						FILED Apr 19, 2000 8:00 am Secretary of State				
	U.S. KNITW	EAR CORPORA	ATION						y UI S 01 044 ***1	
	36.)Avenue	Mailing Address 7100 NW 36 Avenue Miami, Florida 33147			7		04-19-		UTUG4	30.00
	Place of Business 7 36 Court	3. Mailing Address 5741 Sheridan Street								
Suite, Apt.		Suite, Apt. #, etc.	<u></u>	<u> </u>		DO NOT WRITE IN THIS SPACE				
City & State		City & State Hollywood,	Flor	ida		4. FEI Number 65-090				pplied For
Zip Country		Zip Cour				5. Certificate of Status Desired		\$8.75 Ad	\$8.75 Additional	
3147	6. Name and Address of Current Re	33021	USA	[7. Name and 7			Fee Requir	ed
	levy 736 Ave. Florida 33147			Street A	ddress (P.C	Schwar). Box Number ridan S	is Not Accep	lable)		
				City HO11	.ywood	1		1	FL Zip Co 3302	
SIGNATURE .	Signature, typed or printed name of registered egent and		Ke DTE Registere	vin I d Agent signatu	<u>Sch</u> ure required who	rwartz, en reinstating)	Esq.	DA		
Tax filing r (See criter	requirement and elects to do so.	After MAY 1, 2 Make Check Paya	2000 Fee able to De	will be \$5	50.00 t of State	Trus	tion Campaig	oution.		00 May Be ed to Fees
11. TITLE NAME STREET ADDRESS CITY-ST-ZIP	OFFICERS AND DI Director/Presiden Elias Levy 7100 NW 36 Avenue Miami, Florida 3	t. 🗌 Delete		e' et address	7239	NW 36	Court		XXChange	Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	hianii / Ioriado J	Delete				<u>.,</u>	<u> </u>	<u> </u>	🗌 Change	Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		Delete -				-	-	- -	Change	Addition
TITLE NAME STREET ADORESS CITY-ST-ZIP		Delete							Change	Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		Delete							Change	Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		Delete	CITY	e et address -st-zip					Change	Addition
13. I hereby o	L certify that the information supplied with the on this report or supplemental reports for poration or the receiver or trusteer inpow or on an attachment with an address wit	as filing does not quait, fi ue and accorrate and that ered to execute fils repo h all other like empowere	for the exe t my signat rt as requi	mption stat ture shall h red by Cha	ted in Section ave the sar upter 607, F	on 119.07(3)(i) ne legal effect lorida Statutes), Florida Statu as if made un ; and that my	tes. I further der oath; tha name appea	certify that the at I am an office ars in Block 11 (
SIGNAT		TED NAME OF SIGNING FFICE			<u>у, Р</u> г	<u>esiden</u>	Date	10/00	(305) Daytime Phone #	<u>691–7</u> 7