

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P99000025148

1. Entity Name

LOOK WEAR, INC.

R

FILED
Sep 13, 2000 8:00 am
Secretary of State

09-13-2000 90016 015 ***150.00

Principal Place of Business Mailing Address
10361 N.W. 12th Court 10361 N.W. 12th Court
Plantation FL 33322 Plantation FL 33322

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

☒ Applied For
☐ Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

ALLEN, MICHAEL
10361 N.W. 12th COURT
PLANTATION FL 33322

7. Name and Address of New Registered Agent

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

TITLE D ☐ Delete
NAME ALLEN, MICHAEL
STREET ADDRESS 10361 N.W. 12th COURT
CITY-ST-ZIP PLANTATION FL 33322

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
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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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

9/10/00
Date

Daytime Phone #

CR2E034 (9/99)

attachment # P99000025148
B0106236

Division Of Corporations
Uniform Business Report Filings
P.O. Box 1500
Tallahassee, Fl. 32302-1500

To Whom It May Concern:

I am writing this letter on behalf of a new client,
Look Wear, Inc. (FEIN-APPLIED FOR), who never received
an initial annual report.

Upon realizing this fact, when they were referred to
me, a blank copy was requested and is now being filed
as soon as it was received.

We were advised, upon contacting your office, to submit
the one hundred and fifty dollar payment along with the
above copy.

We respectfully request that this payment be accepted, and
Look Wear, Inc. remain an active corporation in the state of
Florida.

Thank you very much for your kind consideration.

Sincerely yours,

Joseph H. Friedman
Joseph H. Friedman
Tax Accountant