DOCUMENT # P99000029782

Entity Name

TOP LEVEL APPAREL, INC.

FILED
Jul 07, 2000 8:00
Secretary of Stat
05-01-2000 90410 037 ***150.0

Principal Place of Business	Mailing Address
BROAD AND CASSEL BISCAYNE BLVD., SUITE 3000 FL 33131	C/O BROAD AND CASSEL 201 S. BISCAYNE BLVD., SUITE 3000 MIAMI FL 33131-4330

2. Principal Place of Business	3. Mailing Address
Apt. #, etc.	Suite, Apt. #, etc.
State	City & State
Country / Zip / Country	

DO NOT WRITE IN THIS SPACE

65-0924461

4. FEI Number 65-0924461 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ $8.75 Additional Fee Required

6. Name and Address of Current Registered Agent	7. Name and Address of New Registered Agent
C C CORPORATE SERVICES, INC. S. BISCAYNE BLVD. 3000 FL 33131	Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code

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, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

... is eligible to satisfy its intangible ... and elects to do so. ☐

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

OFFICERS AND DIRECTORS	12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11
☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP: Director/ SAMUEL WAKSMAN, Secretary c/o Broad and Cassel, Miami Center, Suite 3000, 201 S. Biscayne Blvd. Miami, Florida 33131 ☐ Change ☒ Addition
☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP: ☐ Change ☐ Addition
☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP: ☐ Change ☐ Addition
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CR2E034 (9/99)

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

SIGNATURE REQUIRED 4/1/00 305890600

SIGNATURE AND TYPED OR PRINTED NAME OF ... OFFICER OR DIRECTOR Date Daytime Phone # X 13

SAMUEL WAKSMAN