

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P99000031549

1. Entity Name

REACH SWIMWEAR, INC.

FILED
Mar 24, 2000 8:00 am
Secretary of State

03-24-2000 90117 014 ***150.00

Principal Place of Business

Mailing Address

101 N. OCEAN DR., #106
 HOLLYWOOD FL 33019

101 N. OCEAN DR., #106
 HOLLYWOOD FL 33019-1704

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 **65-0911562**

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

7. Name and Address of New Registered Agent

ALON, DINA
 101 N. OCEAN DR., #106
 HOLLYWOOD FL 33019

Name **SARIT BEN-CHITRIT**

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

101 N. OCEAN DR. # 106

City **HOLLYWOOD** FL Zip **33019**

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

Sarit Ben-Chitrit

Signature of person or limited 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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	Delete
	ALON, DINA	101 N. OCEAN DR., #106	HOLLYWOOD FL 33019	<input checked="" type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	Change	Addition
	SARIT BEN-CHITRIT	101 N. OCEAN DR. #106	HOLLYWOOD FL. 33019	<input checked="" type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>

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:

Sarit Ben-Chitrit
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3-21-00
 Date

954 558-8432
 Daytime Phone #

CR20034 (10/00)