

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P99000050185

1. Entity Name

P.E. UNIFORMS & MORE, INC.

**FILED**  
**Mar 15, 2000 8:00 am**  
**Secretary of State**

03-15-2000 90113 009 \*\*\*150.00

Principal Place of Business

9100 S. DADELAND BLVD.  
SUITE 1010  
MIAMI FL 33156

Mailing Address

9100 S. DADELAND BLVD.  
SUITE 1010  
MIAMI FL 33156-7866

C0038292



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

14381 S.W. 35<sup>th</sup> St.  
Suite, Apt. #, etc.

3. Mailing Address

14381 S.W. 35<sup>th</sup> St.  
Suite, Apt. #, etc.

City & State

MIRAMAR, FL.

City & State

MIRAMAR, FL.

4. FEI Number

65-0933522

Applied For

Not Applicable

Zip

33027

Country

U.S.A.

Zip

33027

Country

U.S.A.

5. Certificate of Status Desired ☐

\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

FILINGS, INC.  
3732 N.W. 16TH STREET  
FT. LAUDERDALE FL 33311-4132

7. Name and Address of New Registered Agent

Name **BARRY A. STEIN**  
Street Address (P.O. Box Number is Not Acceptable)  
**9100 S. DADELAND BLVD.**  
City **MIAMI** FL **33156**

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	<input checked="" type="checkbox"/> Delete
NAME	STEIN, BARRY A	
STREET ADDRESS	9100 S. DADELAND BLVD.	
CITY-ST-ZIP	MIAMI FL 33156	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	PRESIDENT	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	LAUREN E. MEGHOO	
STREET ADDRESS	14381 S.W. 35 <sup>th</sup> STREET	
CITY-ST-ZIP	MIRAMAR, FL. 33027	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
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: Lauren E. Meghoo **LAUREN E. MEGHOO** 1/27/00 (305) 884-2828  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (9/99)