2001 UNIFORM BUSINESS REPORT (UBR) DOCUMENT # P99000060131 1. Entity Name SUME APPARELS, INC. Principal Place of Business Mailing Address 1100 NW 87 AVE APT 406 1100 NW 87 AVE APT 406

FILED Mar 26, 2001 8:00 am Secretary of State

03-26-2001 90010 037 ***150.00

CORAL SPRINGS FL 33U/I			COHAL SPHINGS PL 33071			00031413				
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z. Principal P	Principal Place of Business Suite, Apt. #, etc. City & State Zip		3. Mailing Address		•			19 614 00 61 6 0 411	i 8818 1 (1 885 (1	(6) (15) (15)
Suite, Apt. #, etc.			Suite, Apt. #, etc.				DO NOT WRITI	E IN THIS S	PACE	
City & State			City & State			4. F	4. FEI Number 65-0932487			oplied For ot Applicable
Zip			Zip	Zip Country					8.75 Add	
	and Address of Current	Registered Agent		7. Name and Address of New Registered Agent						
					Name					
5600	SHERIDAN	N STREET		Street Address (Box Number is Not Acceptable	1		
,					City			FL	Zip Cod	9
8. The above	named entit	y submits this statement fo	r the purpose of changing	ng its register	red office or register	red ag	ent, or both, in the State of Flor	rida.	1	
SIGNATURE .	Signature typed	or printed name of registered agent	and title if emplicable	(NOTE: Register	ed Agent signature required	n when re	sinstation)	DATE		
	Signatore, typeo		The first applicable.	(11012. Negisteri	oo Agork agricula roquite		J			
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, 2001 Fee will be \$550.00 Make Check Payable to Department of St			te 10. Election Campaign Financing \$5.00 May Be Trust Fund Contribution. □ Added to Fees				
11. OFFICERS AND DIRECTORS 12.						AD	DITIONS/CHANGES TO OFFI	CERS AND	DIRECTOR	S IN 11
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		a information assembled. The	this filing does not see "			otics:	110.07/2\()) Elecide Contract - 1:	further co-	h, that the	formation
is. Thereby C	.อเมร เทลเ เท	e montadon suddied with	uns inna aces not duali	IIV IUI IIIE EXE	รทามแบท รเลเยน เท 56	SCHOIL	119.07(3)(i), Florida Statutes. I:	iuitier Ceftl	iv ulatule II	ποιπιαμοι

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 Statules; 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

Daytime Phone #