FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # *P99000061061*

1. Entity Name *SBA CLOTHING COMPAY INC*

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business
777 N.W. 72 Ave

Suite, Apt. #, etc.
3BB33

City & State
MIAMI, FL

Zip *33126* Country *MIAMI-DADE*

3. Mailing Address
LERMAN + LERMAN PA

Suite, Apt. #, etc.
PH 101

City & State
MIAMI, FL

Zip *33131* Country *MIAMI-DADE*

DO NOT WRITE IN THIS SPACE

4. FEI Number *65-0946622*

	Applied For
	Not Applicable

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

DO NOT WRITE IN THIS SPACE

7. Name and Address of Current Registered Agent

Name *STEVEN SCHWARTZBAUM*

Street Address (P.O. Box Number is Not Acceptable)
77,7 N.W. 72 AVENUE STE 3BB33

City *MIAMI* *FL* Zip Code *33126*

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) ☐

January 1 - May 1 Fee is $150.00
After May 1, Fee is $550.00
Amended UBR is $61.25
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	*DIRECTOR / PRESIDENT*	TITLE	
NAME	*STEVEN SCHWARTZBAUM*	NAME	
STREET ADDRESS	*777 N.W. 72 AVE. STE 3BB33*	STREET ADDRESS	
CITY-ST-ZIP	*MIAMI, FL 33126*	CITY-ST-ZIP	
TITLE		TITLE	
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CR2E034B (12/01)

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

SIGNATURE: _____*Steven Schwartzbaum pres.dat*_____ *4-25-02*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR   Date   Daytime Phone #