

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P99000078866

1. Entity Name

CLOSEOUT UNIFORMS, INC.

FILED

Mar 03, 2000 8:00 am
Secretary of State

03-03-2000 90027 049 ***150.00

Principal Place of Business

Mailing Address

C/O MIAMI UNIFORMS
18683 MARLIN RD.
MIAMI FL 33157

C/O MIAMI UNIFORMS
18683 MARLIN RD.
MIAMI FL 33157-6728

2. Principal Place of Business

3. Mailing Address

10741 S.W. 24 St.

10741 S.W. 24 St.

Suite, Apt. #, etc.

Suite, Apt. #, etc.

18+19

18+19

City & State

City & State

miami, FL

miami, FL

Zip

Country

Zip

Country

33155

33155

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

SANCHEZ, DARA
18683 MARLIN RD.
MIAMI FL 33157

Name

Dara Sanchez

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

10741 S.W. 24 St.

City

miami

FL

Zip Code

33155

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

Jan. 5, 2000

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 ☐ Delete
NAME D
STREET ADDRESS 12354 S.W. 253 AVE
CITY-ST-ZIP MIAMI FL 33032

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

Jan. 5, 2000 786-388-1991

CR2E034 (9/99)