

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P99000082479

1. Entity Name

3:16 MERCHANDISE AND APPAREL, INC.

FILED

May 10, 2000 8:00 am
Secretary of State

05-10-2000 90178 039 ***150.00

Principal Place of Business

Mailing Address

4133 N.W. 64TH AVENUE
CORAL SPRINGS FL 33067-3043

4133 N.W. 64TH AVENUE
CORAL SPRINGS FL 33067-3043

2. Principal Place of Business

3. Mailing Address

5197 NW 15th St,
Suite, Apt. #, etc.

SAME 5197 NW 15th St,
Suite, Apt. #, etc.

Sta. 105

Sta 105

City & State

City & State

Margate, FL

Margate, FL

Zip

Country

Zip

Country

33063

USA

33063

USA

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

PRICE, SAMUEL A
800 WEST OAKLAND PARK BOULEVARD
SUITE 215
WILTON MANORS FL 33311

Name

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

City

FL

Zip Code

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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ☐ Delete
NAME D Chairman
STREET ADDRESS NARDONE, LOUIS
CITY-ST-ZIP 4133 N.W. 64TH AVENUE
CORAL SPRINGS FL 33067-3043

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

TITLE ☐ Delete
NAME D President, Secy
STREET ADDRESS NARDONE, DARLENE
CITY-ST-ZIP 4133 N.W. 64TH AVENUE
CORAL SPRINGS FL 33067-3043

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

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
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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:

Darlene Nardone
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4 59-00
Date

954-956-8005
Daytime Phone #

CR2E034 (9/99)