MAR-06-01 TUE 01:27 PM LAZARUS CORPORATION FAX:3052201440

FILED
May 22, 2001 8:00 am
Secretary of State
05-22-2001 90038 021 ***150.00

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P99000085245

Entity Name
TRIDITY APPAREL GROUP INC

Principal Place of Business
TRINITY APPAREL GROUP INC
1748 W 68ST
MIAMI FL 33014

Mailing Address

769980

Principal Place of Business
1748 W 68 ST

Suite, Apt. #, etc.

City & State
MIAMI FL 33014

Zip
33014

Country

3. Mailing Address

Suite, Apt. #, etc.

City & State

Zip

Country

DO NOT WRITE IN THIS SPACE

4. FEI Number
65-0951799

☐ Applied For
☐ Not Applicable

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

6. Name and Address of Current Registered Agent

ANGELA PARLA
1748 W 68ST
MIAMI FL 33014

7. Name and Address of New Registered Agent

Name

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

City **FL** Zip Code

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

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 State

10. Election Campaign Financing Trust Fund Contribution. ☐ **$5.00** May Be Added to Fees

OFFICERS AND DIRECTORS

P/S/T/D
ANGELA PARLA
1748 W 68ST
MIAMI FL 33014

☐ Delete

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ Change ☐ Addition

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 10 or Block 12 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: Angela Parla ANGELA PARLA 4-30-01 3628700