

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P99000086058

1. Entity Name

A & E HAT & CLOTHING DESIGNERS, INC

FILED
May 11, 2000 8:00 am
Secretary of State

05-11-2000 90301 010 ***150.00

Principal Place of Business

1475 2 38 PLACE
APT. 101
HIALEAH FL 33012

Mailing Address

1475 2 38 PLACE
APT. 101
HIALEAH FL 33012

2. Principal Place of Business

1475 W 38 PLACE

Suite, Apt. #, etc.

APT 101

City & State

HIALEAH, FL

Zip

33012

Country

3. Mailing Address

1475 W 38 PLACE

Suite, Apt. #, etc.

APT 101

City & State

HIALEAH, FL

Zip

33012

Country

4. FEI Number

65-0951000

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

GONZALEZ, NORMA
1475 2 38 PLACE
APT. 101
HIALEAH FL 33012

7. Name and Address of New Registered Agent

Name

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

1475 W 38 PLACE

APT 101

City

HIALEAH, FL

FL

Zip Code

33012

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

Norma Gonzalez

NORMA GONZALEZ / PRESIDENT

4/27/00

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

TITLE PSD
NAME GONZALEZ, NORMA
STREET ADDRESS 1475 2 38 PLACE
CITY-ST-ZIP HIALEAH FL 33012 ☐ Delete

TITLE VPD
NAME CORDERO, RUBEN A
STREET ADDRESS 17211 MC KEEVER ST.
CITY-ST-ZIP GRANADA HILLS CA 91344 ☒ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

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

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

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

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CITY-ST-ZIP ☐ Change ☐ Addition

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

SIGNATURE:

Norma Gonzalez NORMA GONZALEZ

4/27/00

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2F034 (9/99)