

# 2002 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # **P99000089473**

1. Entity Name

DEL MAR UNIFORMS AND APPAREL, INC.

FILED  
Apr 24, 2002 8:00 am  
Secretary of State

04-24-2002 90353 024 \*\*\*150.00

Principal Place of Business 1230 EAST 4TH AVENUE HIALEAH FL 33010	Mailing Address PO BOX 821515 PEMBROKE PINES FL 33082-1515
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2. Principal Place of Business	3. Mailing Address
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Suite, Apt. #, etc.	Suite, Apt. #, etc.
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City & State	City & State	4. FEI Number <b>65-0954246</b>	Applied For Not Applicable
Zip	Country	5. Certificate of Status Desired	<input type="checkbox"/> <b>\$8.75</b> Additional Fee Required

**6. Name and Address of Current Registered Agent**

MORLANNE, JESSE E  
1230 EAST 4TH AVENUE  
HIALEAH FL 33010

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, 2002 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**

CR2E034 (9/01)

TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>PD</b> MORLANNE, CARMEN M 1230 EAST 4TH AVENUE HIALEAH FL 33010	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>SD</b> MORLANNE, JESSE E 1230 EAST 4TH AVENUE HIALEAH FL 33010	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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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:** *Jesse Morlane* **Date:** *3-10-02* **Daytime Phone #:** *944-6803705*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR