

2000 UNIFORM BUSINESS REPORT (UBR)

FILED
Sep 15, 2000 8:00 am
Secretary of State
 09-15-2000 90005 019 ***550.00

DOCUMENT # P99000107399

1. Entity Name
CAYMAN APPARELL, INC.

Principal Place of Business Mailing Address
1542 LAKE CRYSTAL DR., SUITE B **1542 LAKE CRYSTAL DR., SUITE B**
W. PALM BCH FL 33417 **W. PALM BCH FL 33417**

2. Principal Place of Business Suite, Apt. #, etc.
 3. Mailing Address Suite, Apt. #, etc.

City & State City & State

Zip Country Zip Country

4. FEI Number **65-0974662** ☒ Applied For ☐ Not Applicable

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

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

GOULDBOURNE, JOHN
1542 LAKE CRYSTAL DR., SUITE B
W. PALM BCH FL 33417

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 _____ (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 \$550.00
After SEPTEMBER 13, 2000 Min. will be \$750.00
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

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|--|--|---------------------------------|
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | D GOULDBOURNE, JOHN 1542 LAKE CRYSTAL DR., SUITE B W. PALM BCH FL 33417 | <input type="checkbox"/> Delete |
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| TITLE NAME STREET ADDRESS CITY-ST-ZIP | SECRETARY / TREASURER TERESA CHAPPEL 12059 REGAL CT. N. WELLINGTON FL 33414 | <input type="checkbox"/> Change <input checked="" 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: *[Signature]*
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

9/11/00 **(561) 790-6445**
 Date Daytime Phone #

CR2E034 (5/00)