## 2003 FOR PROFIT CORPORATION

## **FILED** Mar 25, 2003 8:00 am Secretary of State UNIFORM BUSINESS REPORT (UBR 578429 **DOCUMENT #** 1. Entity Name 03-25-2003 90067 001 \*\*\*150.00 FASH-EN-HUES, INC. Principal Place of Business Mailing Address 118 BRIDGE ST. 118 BRIDGE ST. **PIQUA OH 45356** PIQUA OH 45356 3. Mailing Address 2. Principal Place of Business Suite, Apt. #, etc. Suite, Apt. #, etc. CHECK HERE IF MAKING CHANGES Applied For 4. FEI Number City & State City & State 59-2239105 Not Applicable \$8.75 Additional Country Zip Zip Country 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent ---6. Name and Address of Current Registered Agent REGO, ANTHONY Street Address (P.O. Box Number is Not Acceptable) 7108 NW 66 ST TAMARAC FL 33321 Zip Code City 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. I am familiar with, and accept the obligations of registered agent. SIGNATURE (NOTE: Registered Agent signature required when reinstating) of registered agent and title if applicable Signature, typed or printed FILE NOW(!! FEE IS \$150.00 9. Election Campaign Financing \$5.00 May Be After May 1, 2003 Fee will be \$550.00 Trust Fund Contribution. Added to Fees Make Check Payable to Florida Department of State ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 OFFICERS AND DIRECTORS 11. 10. ☐ Change ☐ Addition TITLE ☐ Delete TITLE NAME REGO. ANTHONY NAME STREET ADDRESS 710 CALDWELL ST. STREET ADDRESS CITY-ST-ZIP PIQUA OH CITY-ST-ZIP ☐ Change Addition SD ☐ Delete TITLE TITLE REGO, DOROTHY NAME NAME STREET ADDRESS 710 CALDWELL ST. STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP PIQUA OH · Change ☐ Addition Delete -- ... TITLE" NAME REGO, JAMES NAME STREET ADDRESS 254 HARDIN ROAD STREET ADDRESS CITY-ST-ZIP PIQUA OH CITY-ST-ZIP ☐ Change Addition ☐ Delete TITLE REGO, VICTORIA NAME STREET ADDRESS 710 CALDWELL STREEET STREET ADDRESS CITY-ST-ZIP **PIQUA OH 45356** CITY-ST-ZIP ☐ Change Addition ☐ Defete TITLE TITLE NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIF

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

TITLE

NAME

STREET ADDRESS

CITY-ST-ZIP

TITLE

NAME

STREET ADDRESS

CITY-ST-7IP

☐ Delete

☐ Change

Addition