

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N97000005671

1. Entity Name
CHIC TO CHIC, INC. ✓

FILED
Jul 17, 2000 8:00 am
Secretary of State

07-17-2000 90075 017 ****70.00

Principal Place of Business: 9408 LAKE SERENA DRIVE, BOCA RATON FL
Mailing Address: P.O. BOX 81-1901, BOCA RATON FL 33481



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business: Suite, Apt. #, etc.
City & State

3. Mailing Address: Suite, Apt. #, etc.
City & State

4. FEI Number: NOT APPLICABLE
Applied For: Not Applicable

Zip: Country

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

6. Name and Address of Current Registered Agent
JACOBS, PAUL
2424 NORTH FEDERAL HIGHWAY STE. 411
BOCA RATON FL 33431

7. Name and Address of New Registered Agent
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: _____

FILE NOW: FEE IS \$61.25
After September 13, 2000 min. will be \$236.25

9. Election Campaign Financing Trust Fund Contribution. \$5.00 May Be Added to Fees

Make Check Payable to Department of State

10. OFFICERS AND DIRECTORS	
TITLE: _____ NAME: MOSTOW, ALAN E STREET ADDRESS: 9408 LAKE SERENA DRIVE CITY-ST-ZIP: BOCA RATON FL 33481	<input type="checkbox"/> Delete
TITLE: _____ NAME: FREELAND, DENNIS STREET ADDRESS: 525 EAST SAMPLE ROAD CITY-ST-ZIP: POMPANO BEACH FL 33064	<input type="checkbox"/> Delete
TITLE: _____ NAME: MOSTOW, SANDELL STREET ADDRESS: 9408 LAKE SERENA DRIVE CITY-ST-ZIP: BOCA RATON FL 33481	<input type="checkbox"/> Delete
TITLE: _____ NAME: _____ STREET ADDRESS: _____ CITY-ST-ZIP: _____	<input type="checkbox"/> Delete
TITLE: _____ NAME: _____ STREET ADDRESS: _____ CITY-ST-ZIP: _____	<input type="checkbox"/> Delete
TITLE: _____ NAME: _____ STREET ADDRESS: _____ CITY-ST-ZIP: _____	<input type="checkbox"/> Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE: _____ NAME: _____ STREET ADDRESS: _____ CITY-ST-ZIP: _____	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE: _____ NAME: _____ STREET ADDRESS: _____ CITY-ST-ZIP: _____	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE: _____ NAME: _____ STREET ADDRESS: _____ CITY-ST-ZIP: _____	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE: _____ NAME: _____ STREET ADDRESS: _____ CITY-ST-ZIP: _____	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE: _____ NAME: _____ STREET ADDRESS: _____ CITY-ST-ZIP: _____	<input type="checkbox"/> Change <input type="checkbox"/> Addition

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 617, 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.

SIGNATURE: Alan Mostow REQUIREMENT Mostow Date: 7-7-00 Daytime Phone #: 954 257-2190

CR2E037 (5/00)