

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 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	<input type="checkbox"/> Delete
D MOSTOW, ALAN E	
9408 LAKE SERENA DRIVE	
BOCA RATON FL 33481	
TITLE NAME	<input type="checkbox"/> Delete
D FREELAND, DENNIS	
525 EAST SAMPLE ROAD	
POMPANO BEACH FL 33064	
TITLE NAME	<input type="checkbox"/> Delete
D MOSTOW, SANDELL	
9408 LAKE SERENA DRIVE	
BOCA RATON FL 33481	
TITLE NAME	<input type="checkbox"/> Delete
TITLE NAME	<input type="checkbox"/> Delete
TITLE NAME	<input type="checkbox"/> Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE NAME	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME	<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* **ALAN MOSTOW** 7-7-00 954 257-2190
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E037 (5/00)