


**2003 FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

FILED
Apr 24, 2003 8:00 am
Secretary of State

04-24-2003 90279 041 ***150.00

DOCUMENT # P02000036751

1. Entity Name
FANTASY FASHION DRESS, CORP.



Principal Place of Business: **2851 W 68 ST #7 MIAMI FL 33018-1741**

Mailing Address: **2851 W 68 ST #7 MIAMI FL 33018-1741**

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

3. Mailing Address: Suite, Apt. #, etc.

City & State

Zip Country Zip Country

4. FEI Number: **02-0582587**

Applied For: Not Applicable

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

6. Name and Address of Current Registered Agent

LOPEZ, MIRIAM C
2851 W 68 ST #7
MIAMI FL 33018-1741

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. I am familiar with, and accept, the obligations of registered agent.

SIGNATURE: _____

FILE NOW!!! FEE IS \$150.00
After May 1, 2003 Fee will be \$650.00
Make Check Payable to Florida Department of State

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

10. OFFICERS AND DIRECTORS	
TITLE: P	NAME: LOPEZ, MIRIAM C STREET ADDRESS: 2851 W 68 ST #7 CITY-ST-ZIP: MIAMI FL 33018-1741
TITLE: S	NAME: LOPEZ, OTTO STREET ADDRESS: 2851 W 68 ST #7 CITY-ST-ZIP: MIAMI FL 33018-1741
TITLE: V	NAME: LOPEZ, FLORENTINO O STREET ADDRESS: 2851 W 68 ST #7 CITY-ST-ZIP: MIAMI FL 33018-1741
TITLE: _____	NAME: _____ STREET ADDRESS: _____ CITY-ST-ZIP: _____
TITLE: _____	NAME: _____ STREET ADDRESS: _____ CITY-ST-ZIP: _____
TITLE: _____	NAME: _____ STREET ADDRESS: _____ CITY-ST-ZIP: _____

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE: _____	NAME: _____ STREET ADDRESS: _____ CITY-ST-ZIP: _____
TITLE: _____	NAME: _____ STREET ADDRESS: _____ CITY-ST-ZIP: _____
TITLE: _____	NAME: _____ STREET ADDRESS: _____ CITY-ST-ZIP: _____
TITLE: _____	NAME: _____ STREET ADDRESS: _____ CITY-ST-ZIP: _____
TITLE: _____	NAME: _____ STREET ADDRESS: _____ CITY-ST-ZIP: _____

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 member or business combination. I exempt this report as required by Chapter 607, Florida Statutes, and that my name appears in Block 10 or Block 11 of this report, or on an attachment with one or more of these, with all other filers so designated.

SIGNATURE: *Miriam C Lopez* **4/14/03 (203) 625-3334**

CR20034 (10/02)