

# 2002 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT# P98000032801

FILED  
Apr 18, 2002 8:00 AM  
Secretary of State

Entity Name: JMF FASHIONS, INC.

**Current Principal Place of Business:**

1320 N. STATE RD. 7  
MARGATE, FL 33068

**New Principal Place of Business:**

1320 N. STATE RD. 7  
MARGATE, FL 33063

**Current Mailing Address:**

1320 N. STATE RD. 7  
MARGATE, FL 33068

**New Mailing Address:**

1320 N. STATE RD. 7  
MARGATE, FL 33063

FEI Number: 65-0827592

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

**Name and Address of Current Registered Agent:**

FRANKEL, JODY  
6093 N.W. 62ND TERRACE  
PARKLAND, FL 33067 US

**Name and Address of New Registered Agent:**

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: \_\_\_\_\_

Electronic Signature of Registered Agent

\_\_\_\_\_ Date

This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so (X).

Election Campaign Financing Trust Fund Contribution ( ).

**OFFICERS AND DIRECTORS:**

Title: P ( ) Delete  
Name: FRANKEL, JODY  
Address: 6093 NW 62 TERRACE  
City-St-Zip: PARKLAND, FL 330671538

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: JODY FRANKEL

PRES

04/18/2002

\_\_\_\_\_ Electronic Signature of Signing Officer or Director

\_\_\_\_\_ Date