

# 0A-2001 UNIFORM BUSINESS REPORT

DOCUMENT # P-98000041144

Entity Name

Dylan Fashion, Inc.

FILED 9/28/01  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

01 SEP 28 PM 1:56

Principal Place of Business

16700 SW 101 Ave  
Miami, FL 33157

Mailing Address

Same

2. Principal Place of Business

16700 SW 101 Ave

3. Mailing Address

Same

Suite, Apt. #, etc.

None

Suite, Apt. #, etc.

City & State

FL

City & State

Zip

33157

Country

USA

Zip

Country

4. FEI Number

65-0851490

ADD

NOT

5. Certificate of Status Desired

☐

\$8.75 Addl  
Fee Required

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

Rojas, Auris F.  
16700 SW 101  
Miami FL 33177

7. Name and Address of New Registered Agent

Name

Same

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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

9. This corporation is eligible to satisfy its intangible  
Tax filing requirement and elects to do so.  
(See criteria on back)

☐

FILE NOW!! FEE IS \$150.00

After MAY 1, 2001 Fee will be \$550.00

Make Check Payable to Department of State

10. Election Campaign Financing  
Trust Fund Contribution

☐

\$5.0  
Addl

11. OFFICERS AND DIRECTORS

TITLE	D.P.	<input type="checkbox"/> Delete
NAME	Jennifer	
STREET ADDRESS	Rosado	
CITY-ST-ZIP		
TITLE	D 16700 SW 101	<input type="checkbox"/> Delete
NAME	Auris F.	
STREET ADDRESS	Miami FL 33177	
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTOR

TITLE		<input type="checkbox"/> Change
NAME	700004627477-8	
STREET ADDRESS	-10/08/01--01077--020	
CITY-ST-ZIP	****450.00 ****450.00	
TITLE		<input type="checkbox"/> Change
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. 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 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 11 changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

Jennifer Rosado

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

9-1-2001

Date

Deputy Director

Department of State.

98202

We are sending the check for  
450.00 dollars for the annual report  
of the corporation.

We don't receive anything from  
your department regarding the annual  
report of the corporation.

The correct address of the corporation  
is 16400 SW 101 Ave  
Miami Fl. 33157.

Because I don't receive  
nothing I was not aware  
how much I have to pay.  
I am enclosed the annual  
payment for 92 to 91.

Junior Ross