

2002 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # 380346

1. Entity Name

ARNEIS DESIGNER COLLECTIONS, INC.

FILED
Mar 28, 2002 8:00 am
Secretary of State

03-28-2002 90021 048 ***158.75

0219095 AV

Principal Place of Business

2700 BISCAYNE BLVD.
 MIAMI FL 33137
 US

Mailing Address

2700 BISCAYNE BLVD.
 MIAMI FL 33137
 US



2. Principal Place of Business

3. Mailing Address

777 NW 72 Avenue

Suite, Apt. #, etc.

2-D-20

Suite, Apt. #, etc.

City & State

Miami, Florida

City & State

Zip

33126

Country

U.S.A.

Zip

Country

4. FEI Number

59-1368037

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional
 Fee Required

6. Name and Address of Current Registered Agent

MATZ, RUBEN
 2700 BISCAYNE BLVD
 MIAMI FL 33137

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

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, 2002 Fee will be \$550.00
Make Check Payable to Department of State

10. Election Campaign Financing
 Trust Fund Contribution. ☐

\$5.00 May Be
 Added to Fees

11. OFFICERS AND DIRECTORS

TITLE PD ☐ Delete
 NAME MATZ, RUBEN
 STREET ADDRESS 8877 COLLINS AVE. #310
 CITY-ST-ZIP MIAMI BEACH FL 33154

TITLE PD ☐ Delete
 NAME MATZ, GLADYS
 STREET ADDRESS 8877 COLLINS AVE. #310
 CITY-ST-ZIP MIAMI BEACH FL 33154

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE VO ☒ Change ☐ Addition
 NAME Ruben Matz
 STREET ADDRESS 714 NE 59 St.
 CITY-ST-ZIP Miami, FL 33137

TITLE SO ☒ Change ☐ Addition
 NAME Gladys Matz
 STREET ADDRESS 714 NE 59 St.
 CITY-ST-ZIP Miami, FL 33137

TITLE PD ☐ Change ☒ Addition
 NAME Arlene Matz
 STREET ADDRESS 8877 Collins Avenue #806
 CITY-ST-ZIP Surfside, FL 33154

TITLE ☐ Change ☐ Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
 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 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 in Block 11 or Block 12 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

SIGNATURE REQUIRED
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3/13/02
 Date

786-388-1882
 Daytime Phone #

CR2E034 (9/01)