

# 2001 UNIFORM BUSINESS REPORT (UBR)

FILED

Feb 27, 2001 8:00 am  
Secretary of State

02-27-2001 90304 033 \*\*\*150.00

DOCUMENT # 492032

1. Entity Name  
FASHION DESIGNS UNLIMITED, INCORPORATED

Principal Place of Business

447 ARTHUR GODFREY RD  
MIAMI BEACH FL 33140

Mailing Address

447 ARTHUR GODFREY RD  
MIAMI BEACH FL 33140

2. Principal Place of Business

449 41st REAR ENTRANCE

3. Mailing Address

449 41st REAR ENTRANCE

Suite, Apt. #, etc.

Suite, Apt. #, etc.

DO NOT WRITE IN THIS SPACE

City & State

Miami Beach FL

City & State

Miami Beach FL

4. FEI Number

59-1635161

Applied For

Not Applicable

Zip

Country

33140 US

Zip

Country

33140 US

5. Certificate of Status Desired

☐

\$8.75 Additional  
Fee Required

6. Name and Address of Current Registered Agent

BALOGH, ROBERT B  
447 ARTHUR GODFREY RD.  
MIAMI FL

7. Name and Address of New Registered Agent

Name

FASHION DESIGNS  
Street Address (P.O. Box Number is Not Acceptable)  
449 41st St. REAR ENTRANCE

City

Miami Beach FL

FL

Zip Code

33140

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 Robert Balogh

2-20-2001

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. ☐

\$5.00 May Be  
Added to Fees

11. OFFICERS AND DIRECTORS

TITLE P  
NAME BALOGH, ROBERT  
STREET ADDRESS 447 ARTHUR GODFREY RD  
CITY-ST-ZIP MIAMI BEACH FL 33140 ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Delete

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STREET ADDRESS  
CITY-ST-ZIP ☐ Delete

TITLE  
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CITY-ST-ZIP ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Delete

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

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

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

TITLE  
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CITY-ST-ZIP ☐ Change ☐ Addition

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STREET ADDRESS  
CITY-ST-ZIP ☐ Change ☐ Addition

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

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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2-20-2001 705-521 0087

Date

Daytime Phone #

CR2E034 (10/00)