2001 UNIFORM BUSINESS REPORT (UBR)

FILED Jan 25, 2001 8:00 am Secretary of State **DOCUMENT # 516046** 1. Entity Name LEONORA FASHIONS, INC. 01-25-2001 90261 047 ***150.00 Principal Place of Business Mailing Address 5641 HAWKES BLUFF AVE. 1095/1055 EAST 15TH ST. HIALEAH FL 33010 DAVIE FL 33331 3. Mailing Address 2. Principal Place of Business 1095/1055 EAST 15T4 SI Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE City & State Applied For 4. FEI Number NOT APPLICABLE Not Applicable Zip Country Country \$8.75 Additional 5. Certificate of Status Desired 15A Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent HIORILLI SR FIORILLI. ALFONSO Street Address (P.O. Box Number is Not Acceptable) 5641 HAWKES BLUFF AVE DAVIE FL 33331 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. (NOTE: Registered Agent signature required when reinstating) FILE NOW!!! FEE IS \$150.00 9. This corporation is eligible to satisfy its Intangible 10. Election Campaign Financing \$5.00 May Be Tax filing requirement and elects to do so. -- After MAY 1, 2001 Fee will be \$550.00 Trust Fund Contribution Added to Fees (See criteria on back) \Box Make Check Payable to Department of State 11. OFFICERS AND DIRECTORS 12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 TITI F **VPD** TITLE Change Change ☐ Addition □ Delete FIORILLI, MICHAELSR. 1095/1055 EAST 15THST. HIA LEAH, FL 33010 NAME FIORILLI, MICHAEL SR. NAME STREET ADDRESS 6230 HAWKES BLUFF AVE STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP DAVIE FL 33331 Delete TITLE Change ■ Addition TITLE NAME SAMSON, DONNA NAME STREET ADDRESS STREET ADDRESS 6275 HAWKES BLUFF AVE CITY-ST-ZIP CITY-ST-ZIP DAVIE FL 33331 ☐ Addition TITLE 1 PD ☐ Delete TITLE NAME FIORILLI, ALFONSO NAME TORILLI ALTONSO STREET ADDRESS STREET ADDRESS **5641 HAWKES BLUFF AVE** CITY-ST-7IP CITY-ST-ZIP DAVIE FL 33331 Change TITLE ☐ Delete TITLE ☐ Addition NAME MARIA FIORILLI NAME STREET ADDRESS STREET ADDRESS 5641 HAWKES BLUFF AVE CITY-ST-ZIP CITY-ST-ZIP **DAVIE FL 33331 Delete** TITLE Addition NAME FIORILLI, PHYLLIS STREET ADDRESS STREET ADDRESS 5641 HAWKES BLUFF AVE CITY-ST-ZIP CITY-ST-ZIP DAVIE FL 33331 ☐ Delete Addition 🔀 TITLE TITLE NAME FIORILLI REJEE STREET ADDRESS CITY-ST-ZIP 13. I hereby certify that the information supplied with this filling 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:

IGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR