**FILED** 

Daytime Phone #

## 2002 UNIFORM BUSINESS REPORT (UBR)

changed, or on an attachment with an address, with all or

SIGNATURE:

## Apr 30, 2002 8:00 am & Secretary of State DOCUMENT # 516046 1. Entity Name 04-30-2002 90060 044 \*\*\*150.00 LEONORA FASHIONS, INC. Principal Place of Business Mailing Address 1095/1055 EAST 15TH ST. 1095/1055 EAST 15TH ST. HIALEAH FL 33010 HIALEAH FL 33010 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE Applied For City & State 4. FEI Number NOT APPLICABLE Not Applicable Zip Zip Country Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent +10AIW FIORILLI, MICHAEL JR Street Address (P.O. Box Number is Not Acceptable 1095/1059 EAST 15TH STREET HIALEAH FL 33010 City Zin Code 3300 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 NOTE: Registered Agent signature required when reinstating 9. This corporation is eligible to satisfy its Intangible FILE NOW!!! FEE IS \$150.00 -10. Election Campaign Financing \$5.00 May Be Tax filing requirement and elects to do so. After May 1, 2002 Fee will be \$550.00 - - Trust Fund Contribution.\_\_ Added to Fees Make Check Payable to Department of State (See criteria on back) 11. OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 12 CR2E034 (9/01) TITLE TITLE ☐ Delete NAME NAME FIORILLI. MICHAEL SR. FLORILLI, MICHAEL SK STREET ADDRESS STREET ADDRESS 095 /1055 FART 15TH ST. 6230 HAWKES BLUFF AVE CITY-ST-7IP CITY-ST-ZIP DAVIE FL 33331 Change NAME TITLE ☐ Delete TITLE ☐ Addition D SAMSON, DONNA NAME SAMSON, DONNA 1095 / 1055 EMT 15TH ST. STREET ADDRESS STREET ADDRESS 6275 HAWKES BLUFF AVE CITY-ST-ZIP CITY-ST-ZIP **DAVIE FL 33331** Change ☐ Addition TITLE ☐ Delete TITLE FIGRILL HUTODSO NAME NAME FIORILLI, ALFONSO STREET ADDRESS STREET ADDRESS 5641 HAWKES BLUFF AVE CITY-ST-ZIP CITY-ST-ZIP HIALFAH, FC 33010 **DAVIE FL 33331** TITLE D Floriul , MARIA Change ☐ Delete TITLE ☐ Addition NAME NAME MARIA FIORILLI 1095/1055 EAST ISTAST. STREET ADDRESS STREET ADDRESS 5641-HAWKES BLUFF AVE CITY-ST-ZIP CITY-ST-ZIP HIALEAN, FL 33010 DAVIE FL 33331 ☐ Delete TITLE **Change** Addition FIDRILLI , PHYLLIS NAME NAME FIORILLI, PHYLLIS 1095/1055 FAFT 15 STREET ADDRESS STREET ADDRESS 5641 HAWKES BLUFF AVE CITY-ST-7IP CITY-ST-ZIP DAVIE FL 33331 TITLE : " " Delete TITLE ☐ Change ASE TO SE NAMES 1. C. NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP 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 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