

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # 577504

1. Entity Name

LILY'S FABRICS, INC.

FILED
Apr 27, 2001 8:00 am
Secretary of State

04-27-2001 90320 042 ***158.75

Principal Place of Business

136 SE 1ST AVE
MIAMI FL 33131
US

Mailing Address

7235 CORAL WAY
STE. 204
MIAMI FL 33155
US

2. Principal Place of Business

3. Mailing Address

915 Country Club Prado

Suite, Apt. #, etc.

City & State

Coral Gables FL.

Zip

33134

Country

U.S.A.

4. FEI Number

59-1843438

Applied For

Not Applicable

5. Certificate of Status Desired

☒

\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

LAFARGA, LILY
136 SE 1ST. AVE
MIAMI FL 33155

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, 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 VP
NAME LAFARGA, ALEX
STREET ADDRESS 136 SE FIRST AVE.
CITY-ST-ZIP MIAMI FL ☐ Delete

TITLE P
NAME LAFARGA, LILY
STREET ADDRESS 136 S.E. FIRST AVE.
CITY-ST-ZIP MIAMI FL ☐ Delete

TITLE ST
NAME LAFARGA, JANET
STREET ADDRESS 136 SE FIRST AVE.
CITY-ST-ZIP MIAMI FL ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

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

TITLE
NAME
STREET ADDRESS
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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: x

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

4-18-01

CR2E034 (10/00)