

**FILED**  
**May 21, 2002 8:00 am**  
**Secretary of State**

05-21-2002 91114 015 \*\*\*150.00

**FOR PROFIT CORPORATION**  
**UNIFORM BUSINESS REPORT (UBR)**

DOCUMENT # 607961

1. Entity Name

CLOTHING CITY USA, INC.

**DO NOT WRITE IN THIS SPACE**

2. Principal Place of Business

2691 NW 5TH AVENUE

Suite, Apt. #, etc.

3. Mailing Address

2691 NW 5TH AVENUE

Suite, Apt. #, etc.

DO NOT WRITE IN THIS SPACE

City &amp; State

MIAMI, FL

City &amp; State

MIAMI, FL

4. FEI Number

59-1885815

Applied For

Not Applicable

Zip

33127

Country

U.S.

Zip

33127

Country

U.S.

5. Certificate of Status Desired ☐\$8.75 Additional  
Fee Required

7. Name and Address of Current Registered Agent

Name  
CESAR NUNEZStreet Address (P.O. Box Number is Not Acceptable)  
1536 ALGARDI AVENUECity  
CORAL GABLES

FL

Zip Code  
33146**DO NOT WRITE  
IN THIS SPACE**

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)



January 1 - May 1 Fee is \$150.00

After May 1, Fee is \$550.00

Amended UBR is \$81.25

Make Check Payable to Department of State

10. Election Campaign Financing  
Trust Fund Contribution.\$5.00 May 31  
Added to Fees

## 11. OFFICERS AND DIRECTORS

TITLE	PTD	TITLE	
NAME	MADELEINE NUNEZ	NAME	
STREET ADDRESS	1536 ALGARDI AVENUE	STREET ADDRESS	
CITY - ST - ZIP	CORAL GABLES, FL 33146	CITY - ST - ZIP	
TITLE	VS	TITLE	
NAME	CESAR NUNEZ	NAME	
STREET ADDRESS	2691 NW 5TH AVENUE	STREET ADDRESS	
CITY - ST - ZIP	MIAMI, FL 33127	CITY - ST - ZIP	
TITLE		TITLE	
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY - ST - ZIP		CITY - ST - ZIP	
TITLE		TITLE	
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NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY - ST - ZIP		CITY - ST - ZIP	

**DO NOT WRITE  
IN THIS SPACE**

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 on an attachment with an address, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #