

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # 744823

1. Entity Name

THE FASHION GROUP INTERNATIONAL, INC. OF SOUTH F

FILED
May 31, 2000 8:00 am
Secretary of State

05-31-2000 90096 029 ****61.25

Principal Place of Business

Mailing Address

2650 SW 27TH AVE #202
C/O SUITED FOR SUCCESS
MIAMI FL 33133
US

2650 SW 27TH AVE #202
C/O SUITED FOR SUCCESS
MIAMI FL 33133-3003
US

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

59-6525058

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

JACOBSON, SONIA
2650 SW 27TH AVE #202
C/O SUITED FOR SUCCESS
MIAMI FL 33133

Name **BRYAN LEAS**

Street Address (P.O. Box Number is Not Acceptable)

3550 Biscayne Blvd.

City

MIAMI, FL 33137 FL

Zip Code

33137

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

FILE NOW:
FEE IS \$61.25

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

Make Check Payable to
Department of State

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	P	<input type="checkbox"/> Delete
NAME	BRUCK, DAY C	
STREET ADDRESS	904 SW 2ND PLAZA ADVENTURE COSTUMES	
CITY-ST-ZIP	POMPANO BEACH FL 33067	
TITLE	T	<input checked="" type="checkbox"/> Delete
NAME	JACOBSON, SONIA	
STREET ADDRESS	2650 SW 27TH AVE #202	
CITY-ST-ZIP	MIAMI FL 33133	
TITLE	D	<input checked="" type="checkbox"/> Delete
NAME	FERNANDEZ, ANA-YVETTE	
STREET ADDRESS	35 SIMENTON CIRCLE	
CITY-ST-ZIP	FT. LAUDERDALE FL	
TITLE	D	<input type="checkbox"/> Delete
NAME	PARSON, CHARLENE	
STREET ADDRESS	7870 SW 99 ST	
CITY-ST-ZIP	PLANTATION FL	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE	PRESIDENT	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	PAMELA CONSBRUCK	
STREET ADDRESS	3801 S. OCEAN DRIVE, #11T	
CITY-ST-ZIP	HOLLYWOOD, FL 33019	
TITLE	Treasurer	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	BRYAN LEAS	
STREET ADDRESS	3550 BISCAYNE BLVD. #301	
CITY-ST-ZIP	MIAMI, FL 33137	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. 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 617, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: SIGNATURE REQUIRED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CF2E037 (9/99)