

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
May 17, 2001 8:00 am
Secretary of State

02-05-2001 90096 033 ****61.25

DOCUMENT # 744823

1. Entity Name

THE FASHION GROUP INTERNATIONAL, INC. OF SOUTH F

Principal Place of Business

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

Mailing Address

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

2. Principal Place of Business

3550 Biscayne Blvd. #301
 Suite, Apt. #, etc. Miami, FL 33137

Mailing Address

3550 Biscayne Blvd. #301
 Suite, Apt. #, etc. Miami, FL 33137

City & State

City & State

4. FEI Number

59-6525058

Applied For

Not Applicable

Zip

Country

Zip

Country

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

Name

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

City

FL

Zip Code

LEAS, BRYAN
 3550 BISCAYNE BLVD
 MIAMI FL 33137

SAME

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

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	Delete
PE	P	CONSRUCK, PAMELA	3801 S. OCEAN DR. #11T HOLLYWOOD FL 33019	<input type="checkbox"/>
T	T	LEAS, BRYAN	3550 BISCAYNE BLVD #301 MIAMI FL 33137	<input type="checkbox"/>
D	D	FERNANDEZ, ANA-YVETTE	35 SIMENTON CIRCLE MIAMI FL 33156	<input checked="" type="checkbox"/>
D	D	PARSON, CHARLENE	7870 SW 99 ST PLANTATION FL	<input type="checkbox"/>
PE	PE	DUNFORD, AMY	5 ISLAND AVE #4A MIAMI BCH FL 33139	<input type="checkbox"/>
				<input type="checkbox"/>

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	Change	Addition
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>

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 #

1/29/01 305-438-9300

CR2E037 (10/00)