

2001 UNIFORM BUSINESS REPORT (UBR)

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

04-27-2001 90285 015 \*\*\*150.00

DOCUMENT # **F61291**

1. Entity Name

**RAD FASHIONS, INC.**

Principal Place of Business

Mailing Address

**103 INGRAM CIRCLE  
 LONGWOOD FL 32779**

**103 INGRAM CIRCLE  
 LONGWOOD FL 32779**

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 **59-2188271**

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

**FARZAD, M. RAD  
 117 WAVERLY DRIVE  
 FERN PARK FL 32750**

Name

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

City

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 date if applicable

(NOTE: Registered Agent signature required when re-registering)

DATE

9. This corporation is eligible to satisfy its intangible tax filing requirement and elects to do so.

**FILE NOW!!! FEE IS \$150.00**  
**AS OF 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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE  Delete  
 NAME **PTD RAD, MORTEZA M**  
 STREET ADDRESS **103 INGRAM CIRCLE**  
 CITY-STATE-ZIP **LONGWOOD FL 32779**

TITLE  Change  Addition  
 NAME  
 STREET ADDRESS  
 CITY-STATE-ZIP

TITLE  Delete  
 NAME **SD RAD, TAHEREH M.**  
 STREET ADDRESS **103 INGRAM CIRCLE**  
 CITY-STATE-ZIP **LONGWOOD FL 32779**

TITLE  Change  Addition  
 NAME  
 STREET ADDRESS  
 CITY-STATE-ZIP

TITLE  Delete  
 NAME **VP RAD, FARZAD M**  
 STREET ADDRESS **103 INGRAM CIRCLE**  
 CITY-STATE-ZIP **LONGWOOD FL 32779**

TITLE  Change  Addition  
 NAME  
 STREET ADDRESS  
 CITY-STATE-ZIP

TITLE  Delete  
 NAME  
 STREET ADDRESS  
 CITY-STATE-ZIP

TITLE  Change  Addition  
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TITLE  Change  Addition  
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TITLE  Delete  
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TITLE  Change  Addition  
 NAME  
 STREET ADDRESS  
 CITY-STATE-ZIP

13. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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 my address, with all other info empowered.

INCORPORATION #

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

*[Handwritten Signature]*  
**Rad**

4-20-01 (407) 869-7555

CR2E034 (10/00)