

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # F96000006540

1. Entity Name

BUGATCHI UOMO APPAREL, INC.

FILED
Jan 25, 2000 8:00 am
Secretary of State

01-25-2000 90090 012 ***150.00

Principal Place of Business 2400 WEST COPANS ROAD BAY 10 POMPANO BEACH FL 33069 US	Mailing Address 2400 WEST COPANS ROAD BAY 10 POMPANO BEACH FL 33487-1336 US
--	---

80006939



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business 526-528 N.W. 77th ST. Suite, Apt. #, etc. City & State BOCA RATON, FLORIDA Zip 33487 Country USA	3. Mailing Address 526-528 N.W. 77th ST. Suite, Apt. #, etc. BOCA RATON City & State FLORIDA Zip 33487 Country USA
---	---

4. FEI Number 65-0710886 Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent
REVAH, CECILE
2400 WEST COPANS ROAD
BAY 10
POMPANO BEACH FL 33069

7. Name and Address of New Registered Agent
Name REVAH, CECILE
Street Address (P.O. Box Number is Not Acceptable)
526-528 N.W. 77th STREET
BOCA RATON FL Zip Code 33487

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 CECILE REVAH JAN 5, 2000
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, 2000 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	PTSC <input type="checkbox"/> Delete	TITLE	PTSC <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	REVAH, CECILE	NAME	REVAH, CECILE
STREET ADDRESS	2400 WEST COPANS ROAD	STREET ADDRESS	526-528 N.W. 77th ST.
CITY-ST-ZIP	POMPANO BEACH FL 33069	CITY-ST-ZIP	BOCA RATON, FL 33487
TITLE	TCEO <input type="checkbox"/> Delete	TITLE	TCEO <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	REVAH, CECILE	NAME	REVAH, CECILE
STREET ADDRESS	2400 WEST COPANS ROAD	STREET ADDRESS	526-528 N.W. 77th ST.
CITY-ST-ZIP	POMPANO BEACH FL 33069	CITY-ST-ZIP	BOCA RATON, FL 33487
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	

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: SIGNATURE REQUIRED
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

JAN 5, 2000 893-0555
Date Daytime Phone #