

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # G38256

1. Entity Name

D'OR FASHIONS CORPORATION

Principal Place of Business

7795 W FLAGLER ST #9
#9
MIAMI FL 33144
US

Mailing Address

7795 W FLAGLER ST
MIAMI FL 33144-2359
US

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

BENITEZ, ALBERTO
3790 S.W. 139 PL
MIAMI FL 33175

Name

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

1744 ROYAL GROVE WAY

City

WESTON

FL

Zip Code

33327

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.) ☐

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 PD
NAME BENITEZ, ALBERTO
STREET ADDRESS 3790 S.W. 139 PL
CITY-ST-ZIP MIAMI FL ☐ Delete

TITLE SD
NAME BENITEZ, REGINA
STREET ADDRESS 3790 S.W. 139 PL
CITY-ST-ZIP MIAMI FL ☐ Delete

TITLE TD
NAME BENITEZ, ORLANDO JR.
STREET ADDRESS 10225 SW 9TH ST
CITY-ST-ZIP MIAMI FL ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE
NAME
STREET ADDRESS 1744 ROYAL GROVE WAY
CITY-ST-ZIP WESTON, FL 33327 ☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS 1744 ROYAL GROVE WAY
CITY-ST-ZIP WESTON, FL 33327 ☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS 7221 SW 56 ST
CITY-ST-ZIP MIAMI, FL ☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS 000003264580--6
CITY-ST-ZIP -05/24/00--01012--003 ☐ Change ☐ Addition
****150.00 ****150.00

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition

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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Regina Benitez 2/28/00 (305) 761-7830

Date

Daytime Phone #

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
00 MAY -8 AM 11:24



DO NOT WRITE IN THIS SPACE

4. FEI Number 59-2284911 ☐ Applied For ☐ Not Applicable

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

CR2E034 (9/99)