

2001 UNIFORM BUSINESS REPORT (UBR)

FILED

Apr 23, 2001 08:00 AM
Secretary of State

DOCUMENT # **G38256**

1. Entity Name
D'OR FASHIONS CORPORATION

Principal Place of Business
7795 W FLAGLER ST #848
#9
MAIMI FL 33144 US

Mailing Address
7795 W FLAGLER ST
MIAMI FL 33144 US

2. Principal Place of Business
7795 W FLAGLER ST

3. Mailing Address
7795 W FLAGLER ST

Suite, Apt. #, etc.
#10

Suite, Apt. #, etc.
#10

City & State
MIAMI FL

City & State
MIAMI FL

Zip
33144

Country
US

Zip
33144

Country
US

4. FEI Number
59-2284911

Applied For
Not Applicable

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

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

BENITEZ ALBERTO
1744 ROYAL GROVE WAY
WESTON FL 33327 US

7. Name and Address of New Registered Agent

Name
Street Address (P.O. Box Number is Not Acceptable)
City FL 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 _____ DATE **04/23/2001**
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

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, 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

TITLE	TD	<input checked="" type="checkbox"/> Delete
NAME	BENETIZ ORLANDO JR	
STREET ADDRESS	7221 SW 56 ST	
CITY-ST-ZIP	MIAMI FL	
TITLE	SD	<input type="checkbox"/> Delete
NAME	BENETIZ REGINA	
STREET ADDRESS	744 ROYAL GROVE WAY	
CITY-ST-ZIP	MIAMI FL 33327	
TITLE	PD	<input type="checkbox"/> Delete
NAME	BENETIZ ALBERTO	
STREET ADDRESS	744 ROYAL GROVE WAY	
CITY-ST-ZIP	WESTON FL 33327	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
	SD			<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
	BENITEZ REGINA	1744 ROYAL GROVE WAY	MIAMI FL 33327	
	PD			<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
	BENITEZ ALBERTO	1744 ROYAL GROVE WAY	WESTON FL 33327	
				<input type="checkbox"/> Change <input type="checkbox"/> Addition
				<input type="checkbox"/> Change <input type="checkbox"/> Addition
				<input type="checkbox"/> Change <input type="checkbox"/> 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: Regina Benitez SD 04/23/2001

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (11/00)