2000 UNIFORM BUSINESS REPORT (UBR)

FILED
May 11, 2000 8:00 am
Secretary of State
05-11-2000 90263 037 ***150.00

DOCUMENT # J24353

Entity Name

CHELSEA FASHION SERVICES, INC.

Principal Place of Business	Mailing Address
799 Brickell Plaza Suite 900 Miami, FL 33131 US	c/o 799 Brickell Plaza Suite 900 Miami, FL 33131 US

[redacted]

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business	3. Mailing Address
c/o GEORGE D.PERLMAN,P.A.	c/oGEORGE D.PERLMAN,P.A.
Suite, Apt. #, etc. Suite 3000 701 Brickell Avenue	Suite, Apt. #, etc. Suite 3000 701 Brickell Avenue
City & State: Miami, Florida	City & State: Miami, Florida
Zip: 33131 / Country: U.S.A.	Zip: 33131 / Country: U.S.A.

4. FEI Number: 59-2720151 ☐ Applied For ☐ Not Applicable

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

6. Name and Address of Current Registered Agent

PERLMAN & ASSOCIATE, P.A.
799 Brickell Plaza
Suite 900
Miami, Florida 33131

7. Name and Address of New Registered Agent

Name: GEORGE D. PERLMAN, P.A.
Street Address (P.O. Box Number is Not Acceptable): 701 Brickell Avenue
Suite 3000
City: Miami FL Zip Code: 33131

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: GEORGE D. PERLMAN, President 4/5/00
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 NAME STREET ADDRESS CITY-ST-ZIP	PD LEWIS, GODFREY 3321 NE 59 St Fort Lauderdale, FL ☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TDS LEWIS, PRISCILLA 3321 NE 59 ST Fort Lauderdale, FL ☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	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: GODFREY LEWIS, President 4/20/00

Daytime Phone #