

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
May 04, 2001 8:00 am
Secretary of State

05-04-2001 90109 031 ***150.00

DOCUMENT # J24353

1. Entity Name

CHELSEA FASHION SERVICES, INC.

Principal Place of Business

**C/O GEORGE D. PERLMAN
 701 BRICKELL AVE STE 3000
 MIAMI FL 33131
 US**

Mailing Address

**C/O GEORGE D. PERLMAN
 701 BRICKELL AVE STE 3000
 MIAMI FL 33131
 US**

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

59-2720151

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

**PERLMAN, GEORGE D
 701 BRICKELL AVE STE 3000
 MIAMI FL 33131**

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

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, 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 **TDS**
 STREET ADDRESS **LEWIS, PRISCILLA**
 CITY-ST-ZIP **3321 NE 59 ST**
FT. LAUDERDALE FL

TITLE ☐ Delete
 NAME **TDS**
 STREET ADDRESS **LEWIS, PRISCILLA**
 CITY-ST-ZIP **3321 NE 59TH ST**
FT LAUDERDALE FL

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☒ Change ☒ Addition
 NAME **PD**
 STREET ADDRESS **LEWIS, GODFREY**
 CITY-ST-ZIP **3331 N.E. 59th Street**
Ft. Lauderdale, FL 33308

TITLE ☒ Change ☐ Addition
 NAME
 STREET ADDRESS **3331 N.E. 59th Street**
 CITY-ST-ZIP **Ft. Lauderdale, FL 33308**

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

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

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

TITLE ☐ Change ☐ Addition
 NAME
 STREET ADDRESS
 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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Godfrey Lewis, President

Date

Daytime Phone #

CR2E034 (10/00)