

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # J 30346

1. Entity Name

FLORY FASHIONS, INC

**FILED**  
**May 19, 2000 8:00 am**  
**Secretary of State**

05-19-2000 90087 003 \*\*\*150.00

Principal Place of Business

Mailing Address

403 NE 2nd Ave  
HALLANDALE, FL. 33009

403 NE 2nd Ave  
HALLANDALE, FL. 33009

2. Principal Place of Business

3. Mailing Address

401 NE 2nd Ave.

401 NE 2nd Ave.

Suite, Apt. #, etc.

Suite, Apt. #, etc.

DO NOT WRITE IN THIS SPACE

City & State

HALLANDALE FL

City & State

HALLANDALE FL

4. FEI Number

59-2737455

Applied For

Not Applicable

Zip

33009

Country

USA

Zip

33009

Country

USA

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

KUPFERSTICH, JUDITH  
403 N.E. 2nd Ave.  
HALLANDALE, FL. 33009

Name

KUPFERSTICH, JUDITH

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

401 NE 2nd Ave

City

HALLANDALE

FL

Zip Code

33009

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

JUDITH KUPFERSTICH, PRES.

4-27-00

(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  
PSTD  
KUPFERSTICH, JUDITH  
403 N.E. 2nd Ave.  
HALLANDALE, FL. 33009 ☒ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
PSTD  
KUPFERSTICH, JUDITH  
401 N.E. 2nd Ave.  
HALLANDALE, FL. 33009 ☒ Change ☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
☐ Delete

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

TITLE  
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CITY-ST-ZIP  
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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:

Judith Kupferstich

JUDITH KUPFERSTICH, PRES

4-27-00

954-457-9800

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR 024 0000