

**FOR PROFIT CORPORATION  
UNIFORM BUSINESS REPORT (UBR)**

**FILED**  
**May 04, 2005 8:00 am**  
**Secretary of State**

05-04-2005 90157 029 \*\*\*150.00

DOCUMENT # J 30346

1. Entity Name

FLORY FASHIONS, INC



**DO NOT WRITE IN THIS SPACE**

2. Principal Place of Business

401 NE 2ND AVE

Suite, Apt. #, etc.

3. Mailing Address

401 NE 2ND AVE

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

7. Name and Address of Current Registered Agent

Name

KUPFERSTICH JUDITH

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

401 NE 2ND AVE

City

HALLANDALE FL

FL

Zip Code

33009

**DO NOT WRITE  
IN THIS SPACE**

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

January 1 - May 1 Fee is \$150.00

After May 1, Fee is \$550.00

Amended UBR is \$61.25

Make Check Payable to Florida Department of State

9. Election Campaign Financing  
Trust Fund Contribution. ☐

**\$5.00** May Be  
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP  
D PST  
KUPFERSTICH JUDITH  
401 NE 2ND AVE  
HALLANDALE FL 33009

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP

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IN THIS SPACE**

12. 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 10 or on an attachment with an address, with all other like empowered.

SIGNATURE:

JUDITH KUPFERSTICH  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Signature Number

42903 954 4374800

CR200348 (1/03)