

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

FILED
May 05, 2003 8:00 am
Secretary of State

05-05-2003 91179 012 ***150.00

DOCUMENT # **J 30346**

1. Entity Name

FLORA FASHIONS, INC.



DO NOT WRITE IN THIS SPACE

90129889

2. Principal Place of Business

403 NE 2ND AVE

3. Mailing Address

403 NE 2ND AVE

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

HALLANDALE FL

City & State

HALLANDALE FL

4. FEI Number

59-2737453

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)

403 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
**PST D
KUPFERSTICH JUDITH
403 NE 2ND AVE
HALLANDALE FL 33009**

TITLE
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CITY - ST - ZIP

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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

JUDITH KUPFERSTICH 43003 954 4579800

Date

Daytime Phone #

CR2E034B (12/02)