

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # K48770

1. Entity Name

DRESS FOR LESS, INC.

FILED
Jan 30, 2001 8:00 am
Secretary of State

01-30-2001 90214 044 ***150.00

Principal Place of Business

% RUTH KEREM
18707 BISCAYNE BLVD.
NORTH MIAMI BEACH FL 33180

Mailing Address

% RUTH KEREM
18707 BISCAYNE BLVD.
NORTH MIAMI BEACH FL 33180

2. Principal Place of Business

18703 BISCAYNE BLVD

Suite, Apt. #, etc.

SUITE A

City & State

AVENTURA, FL

Zip

33180

Country

DADE USA

3. Mailing Address

18703 BISCAYNE BLVD

Suite, Apt. #, etc.

SUITE A

City & State

AVENTURA, FL

Zip

33180

Country

USA



DO NOT WRITE IN THIS SPACE

4. FEI Number 65-0083921

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

KEREM, RUTH
18707 BISCAYNE BLVD.
NORTH MIAMI BEACH FL 33180

7. Name and Address of New Registered Agent

Name

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

City

FL

Zip Code

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

TITLE ☐ Delete
NAME D KEREM, RUTH
STREET ADDRESS 3511 N. 30TH TERR.
CITY-ST-ZIP HOLLYWOOD FL

TITLE ☐ Delete
NAME D KEREM, DAN
STREET ADDRESS 3511 N. 30TH TERR.
CITY-ST-ZIP HOLLYWOOD 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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

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

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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

Date

Daytime Phone #

CR2E034 (10/00)

1/19/01 (305) 933-1513