

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # K86174

1. Entity Name
H & J FASHIONS, INC.

Principal Place of Business
6949 ERIN MARIE CRT.
FORT MYERS FL 33919

Mailing Address
6949 ERIN MARIE CRT.
FORT MYERS FL 33919

2. Principal Place of Business
954 Pine Island Rd
Suite, Apt. #, etc.
Unit K

3. Mailing Address
954 Pine Island Rd
Suite, Apt. #, etc.
Unit K

City & State
Cape Coral FL
Zip 33909 Country

City & State
Cape Coral FL
Zip 33909 Country

4. FEI Number 65-0135030

Applied For
Not Applicable

5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

GELBER, HARVEY
6949 ERIN MARIE CRT.
FORT MYERS FL 33919

7. Name and Address of New Registered Agent

Name Harvey Gelber
Street Address (P.O. Box Number is Not Acceptable)
14426 Reflection Lakes Dr.
City Ft. Myers FL 33907

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 *Harvey Gelber* *pres H&J Inc*

(NOTE: Registered Agent signature required when renewing)

DATE 2/27/01

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	P	☒ Delete
NAME	GELBER, HARVEY	
STREET ADDRESS	6949 ERIN MARIE CRT.	
CITY-ST-ZIP	FORT MYERS FL 33919	
TITLE	VPS	☒ Delete
NAME	GELBER, JERILYNN	
STREET ADDRESS	6949 ERIN MARIE CRT.	
CITY-ST-ZIP	FORT MYERS FL 33919	
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	P	☐ Change ☐ Addition
NAME	HARVEY GELBER	
STREET ADDRESS	14426 Reflection Lakes Dr	
CITY-ST-ZIP	FT MYERS FL 33907	
TITLE	VPS	☐ Change ☐ Addition
NAME	JERILYNN GELBER	
STREET ADDRESS	14426 Reflection Lakes Dr	
CITY-ST-ZIP	FT MYERS FL 33907	
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)(f), 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: *Harvey Gelber*

SIGNATURE MUST BE IN PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

2/27/01 941 458 8114

CR2E034 (10/00)

03/04/01

FILED
SECRETARY OF STATE
CORPORATION

03-05-2001 90295 028 ***150.00

01 APR -2 AM 8:39



DO NOT WRITE IN THIS SPACE