## 2000 UNIFORM BUSINESS REPORT (UBR)

changed, or on an attachment with an address

## FILED DOCUMENT # **L52349** Feb 08, 2000 8:00 am 1. Entity Name **Secretary of State** BIANCA CHILDREN'S WEAR, INC. 02-08-2000 90136 012 \*\*\*150.00 Mailing Address Principal Place of Business 14750 SW 56TH ST. 14750 SW 56TH ST. MIAMI FL 33185-4067 MIAMI FL 33185 2. Principal Place of Business 3. Mailing Address DO NOT WRITE IN THIS SPACE -\_Suite\_Apt..#,.etc Suite, Apt.#, etc. Applied For City & State 4. FEI Number City & State 65-0228864 Not Applicable Country \$8.75 Additional Zip Country Zip 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent Name BRUTTI, YBIS Street Address (P.O. Box Number is Not Acceptable) 20600 DOTHAN ROAD MIAMI FL 33189 Zip Code City 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. DATE (NOTE: Registered Agent signature required when reinstating) FILE NOW!!! FEE IS \$150.00 9. This corporation is eligible to satisfy its Intangible --10. Election Campaign Financing \$5:00 May Be After MAY 1, 2000 Fee will be \$550.00 Tax filing requirement and elects to do so. Trust Fund Contribution. Added to Fees Make Check Payable to Department of State (See criteria on back) ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 OFFICERS AND DIRECTORS 12 11. ☐ Change Addition ☐ Delete TITLE **BRUTTI, YBIS** NAME NAME STREET ADDRESS 20600 DOTHAN ROAD STREET ADDRESS **MIAMI FL 33189** CITY-ST-ZIP CITY-ST-7IP ☐ Addition ☐ Change TITLE ☐ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP [ Change Addition ☐ Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change Addition ☐ Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change ☐ Addition Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIF Addition ☐ Change ☐ Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-7IP 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