

**2001 UNIFORM BUSINESS REPORT (UBR)****DOCUMENT # L54510**

1. Entity Name

**FASHION TRAVEL, INC.****FILED****Mar 19, 2001 8:00 am**  
**Secretary of State**

03-19-2001 90074 012 \*\*\*150.00

Principal Place of Business

2049 N. UNIVERSITY DR.  
C/O ITAGIBA M. DE SOUZA  
SUNRISE FL 33322  
US

Mailing Address

12924 NW 20TH ST  
PEMBROKE PINES FL 33028  
US

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City &amp; State

City &amp; State

4. FEI Number **65-0176815**

Applied For

Not Applicable

Zip

Country

Zip

Country

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

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

SOUZA, ITAGIBA M. DE  
12924 NW 20TH ST  
PEMBROKE PINES FL 33028

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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

| TITLE | NAME | STREET ADDRESS       | CITY-ST-ZIP      | DELETE                   | TITLE | NAME | STREET ADDRESS | CITY-ST-ZIP | CHANGE                   | ADDITION                 |
|-------|------|----------------------|------------------|--------------------------|-------|------|----------------|-------------|--------------------------|--------------------------|
|       | D    | SOUZA, ITAGIBA M. DE | 10580 LONDON ST. | <input type="checkbox"/> |       |      |                |             | <input type="checkbox"/> | <input type="checkbox"/> |
|       |      | COOPER CITY FL       |                  |                          |       |      |                |             |                          |                          |
|       | D    | SOUZA, ADA DE        | 10580 LONDON ST. | <input type="checkbox"/> |       |      |                |             | <input type="checkbox"/> | <input type="checkbox"/> |
|       |      | COOPER CITY FL       |                  |                          |       |      |                |             |                          |                          |
|       |      |                      |                  | <input type="checkbox"/> |       |      |                |             | <input type="checkbox"/> | <input type="checkbox"/> |
|       |      |                      |                  |                          |       |      |                |             |                          |                          |
|       |      |                      |                  | <input type="checkbox"/> |       |      |                |             | <input type="checkbox"/> | <input type="checkbox"/> |
|       |      |                      |                  |                          |       |      |                |             |                          |                          |
|       |      |                      |                  | <input type="checkbox"/> |       |      |                |             | <input type="checkbox"/> | <input type="checkbox"/> |
|       |      |                      |                  |                          |       |      |                |             |                          |                          |
|       |      |                      |                  | <input type="checkbox"/> |       |      |                |             | <input type="checkbox"/> | <input type="checkbox"/> |
|       |      |                      |                  |                          |       |      |                |             |                          |                          |

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)