

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
May 23, 2002 8:00 am
Secretary of State

05-23-2002 90135 025 ***155.00

DOCUMENT # M77740

1. Entity Name
S&L FASHIONS, INC.

Principal Place of Business

**3780 MAX PLACE
 STE 102
 BOYNTON BEACH FL 33436
 US**

Mailing Address

**3780 MAX PLACE
 STE 102
 BOYNTON BEACH FL 33436
 US**

2. Principal Place of Business

**3911 JOG ROAD
 Suite, Apt. #, etc.
 829**

3. Mailing Address

**8296 WATERLINE DRIVE
 Suite, Apt. #, etc.
 103**

City & State

GREENACRES, FLORIDA

City & State

BOYNTON BEACH, FLORIDA

Zip

33467 PALM BEACH

Zip

33437 PALM BEACH



DO NOT WRITE IN THIS SPACE

4. FEI Number

65-0042256

Applied For

Not Applicable

5. Certificate of Status Desired

\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

**SIEGLER, STEVEN
 3780 MAX PLACE
 STE 102
 BOYNTON BEACH FL 33436**

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 *Steven Siegler*
 Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

4/29/02
 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, 2002 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	NAME	STREET ADDRESS	CITY-ST-ZIP	<input type="checkbox"/> Delete
PD	SIEGLER, STEVEN	7591 CINEBAR DR.	BOCA RATON FL	<input type="checkbox"/>
STD	MANDEL, LOUISE	7591 CINEBAR DR	BOCA RATON FL	<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
				<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: *Steven Siegler* PRES: STEVEN SIEGLER 4/29/02 561-967-2928
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (9/01)