

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Jun 03, 2002 8:00 am
Secretary of State

04-21-2002 90972 001 ***122.50

DOCUMENT # N01000000556

1. Entity Name

DRESS FOR SUCCESS PALM BEACH COUNTY, INC.

Principal Place of Business

Mailing Address

1435 10TH ST.
LAKE PARK FL 33403

1435 10TH ST.
LAKE PARK FL 33403

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

Applied For

☒ Not Applicable

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

DAVIS, GWENDOLYN
1540 W. 29TH ST.
RIVIERA BCH FL 33404

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

FILE NOW. FEE IS \$61.25

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

Make Check Payable to
Department of State

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE ☐ Delete
NAME **D**
STREET ADDRESS **DAVIS, FERCELLA**
CITY-ST-ZIP **132-10 115TH AVE.**
SOUTH OZONE PARK NY 11420

TITLE ☒ Change ☐ Addition
NAME **D**
STREET ADDRESS **Secretary**
CITY-ST-ZIP **Fercella Panier**
1548 West 29th Street
Riviera Beach, FL 33404

TITLE ☒ Delete
NAME **D**
STREET ADDRESS **HARRELL, HERMESE**
CITY-ST-ZIP **1328 W. 28TH ST.**
RIVIERA BCH FL 33404

TITLE ☐ Change ☒ Addition
NAME **D**
STREET ADDRESS **President**
CITY-ST-ZIP **Donna Talbot**
13833 E4 Wellington Trace, Ste 202
Wellington, FL 33414

TITLE ☒ Delete
NAME **D**
STREET ADDRESS **DAVIS, GWENDOLYN**
CITY-ST-ZIP **1540 W. 29TH ST.**
RIVIERA BCH FL 33404

TITLE ☐ Change ☒ Addition
NAME **D**
STREET ADDRESS **Belita Deuel**
CITY-ST-ZIP **3846 Providence Road**
Boynton Beach, FL 33436

TITLE ☐ Delete
NAME ☐ Delete
STREET ADDRESS ☐ Delete
CITY-ST-ZIP ☐ Delete

TITLE ☐ Change ☒ Addition
NAME **T**
STREET ADDRESS **Treasurer**
CITY-ST-ZIP **Sylvia Carlton**
1044 Bedford Avenue
PBG, FL 33403

TITLE ☐ Delete
NAME ☐ Delete
STREET ADDRESS ☐ Delete
CITY-ST-ZIP ☐ Delete

TITLE ☐ Change ☒ Addition
NAME **D**
STREET ADDRESS **Member**
CITY-ST-ZIP **Lashea Brooks**
1016 N Dixie Hwy, 2nd FL
WPB, FL 33401

TITLE ☐ Delete
NAME ☐ Delete
STREET ADDRESS ☐ Delete
CITY-ST-ZIP ☐ Delete

TITLE ☐ Change ☒ Addition
NAME **D**
STREET ADDRESS **Member**
CITY-ST-ZIP **Regina Bedoya**
200 PGA Blvd, Ste 2104
NPB, FL 33408-2713

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(5)(c), 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 617, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

Signature Required

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-8-02

Date

(561) 863-6611

Daytime Phone #

CR2E037 (9/01)