

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N26830

1. Entity Name

THE FASHION GROUP FOUNDATION OF MIAMI, INC.

FILED
May 31, 2000 8:00 am
Secretary of State

05-31-2000 90020 040 ****61.25

Principal Place of Business

Mailing Address

C/O DR. GAYLE CARSON
 2957 FLAMINGO DR
 MIAMI BEACH FL 33140

C/O MARCIA SCHEFTS
 19228 NE 25 AVE #253
 MIAMI FL 33180-3222
 US



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

SUSAN MEDINA
 Suite, Apt. #, etc
 730 SEYILLA AVE.

3. Mailing Address

Suite, Apt. #, etc.

City & State
 CORAL GABLES, FL.

City & State

4. FEI Number

65-0061764

Applied For

Not Applicable

Zip
 33134

Country
 USA

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

CARSON, DR. GAYLE
 2957 FLAMINGO DRIVE
 MIAMI BEACH FL 33140

Name

SUSAN MEDINA

Street Address (P.O. Box Number is Not Acceptable)

730 SEYILLA AVE.

City

CORAL GABLES,

FL

Zip Code

33134

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

SUSAN MEDINA, PRESIDENT

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

(NOTE: Registered Agent signature required when reinstating)

4/23/00
 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	SD	<input type="checkbox"/> Delete
NAME	SCHEFTS, MARCIA	
STREET ADDRESS	19228 NE 25TH AVENUE, #235	
CITY-ST-ZIP	MIAMI FL 33180	
TITLE	TD	<input type="checkbox"/> Delete
NAME	THORPE, FRAN HUTCHINGS	
STREET ADDRESS	3910 BATTERSEA RD.	
CITY-ST-ZIP	COCONUT GROVE FL 33133	
TITLE	PD	<input type="checkbox"/> Delete
NAME	CARSON, DR. GAYLE	
STREET ADDRESS	2957 FLAMINGO DRIVE	
CITY-ST-ZIP	MIAMI FL 33140	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	PD SUSAN MEDINA
STREET ADDRESS	730 SEYILLA AVE.
CITY-ST-ZIP	CORAL GABLES, FL. 33134
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

12. 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 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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/23/00
 Date

305-418-1279
 Daytime Phone #

CR2E037 (9/99)