

2001 UNIFORM BUSINESS REPORT (UBR)

FILED

May 04, 2001 8:00 am
Secretary of State

05-04-2001 90145 014 ****61.25

DOCUMENT # N26830

1. Entity Name

THE FASHION GROUP FOUNDATION OF MIAMI, INC.

Principal Place of Business

Mailing Address

C/O SUSAN MEDINA
730 E YALLA AVE
CORAL GABLES FL 33134

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

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

65-0061764

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

MEDINA, SUSAN
730 SEVILLA AVE
CORAL GABLES FL 33134

Name

PAMELA CONSARUCK-MONTEIRO

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

3801 S. OCEAN DRIVE, #11-T

City

HOLLYWOOD

FL

Zip Code

33019

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 **PAMELA CONSARUCK-MONTEIRO**

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

(NOTE: Registered Agent signature required when reinstating)

DATE

4/24/01

**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** ☐ Delete
NAME **SCHEFTS, MARCIA**
STREET ADDRESS **19228 NE 25TH AVENUE, #235**
CITY-ST-ZIP **MIAMI FL 33180**

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE **TD** ☐ Delete
NAME **THORPE, FRAN HUTCHINGS**
STREET ADDRESS **3910 BATTERSEA RD.**
CITY-ST-ZIP **COCONUT GROVE FL**

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE **PD** ☒ Delete
NAME **CARSON, DR. GAYLE**
STREET ADDRESS **2957 FLAMINGO DRIVE**
CITY-ST-ZIP **MIAMI FL 33140**

TITLE **PD** ☒ Change ☐ Addition
NAME **PAMELA CONSARUCK-MONTEIRO**
STREET ADDRESS **3801 S. OCEAN DRIVE #11-T**
CITY-ST-ZIP **HOLLYWOOD, FL 33019**

TITLE **PD** ☒ Delete
NAME **MEDINA, SUSAN**
STREET ADDRESS **730 SEVILLA AVE**
CITY-ST-ZIP **CORAL GABLES FL 33134**

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
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TITLE ☐ Change ☐ 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 **MARCIA SCHEFTS** **4/24/01** **305-418-1279**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (10/00)