

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
May 16, 2001 8:00 am
Secretary of State

05-16-2001 90227 031 ***150.00

DOCUMENT # P00000001404

1. Entity Name
ESCANDALO/UNCENSORED FASHIONS CORP.

Principal Place of Business Mailing Address
 P.O. BOX 170031 P.O. BOX 170031
 MIAMI FL 33017 MIAMI FL 33017



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business 3. Mailing Address
6691 COLLINS AVE P.O. BOX 171202
 Suite, Apt. #, etc. Suite, Apt. #, etc.
MIAMI BEACH FL MIAMI FL
 City & State City & State

Zip Country Zip Country
33141 USA 33017 USA

4. FEI Number Applied For
05-0978407 Not Applicable

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

6. Name and Address of Current Registered Agent
~~GONZALEZ, HEANA~~
~~2297 NW 20TH ST.~~
~~MIAMI FL 33142~~

7. Name and Address of New Registered Agent
 Name **MODALDO GONZALEZ**
 Street Address (P.O. Box Number is Not Acceptable)
6691 COLLINS AVE
 City **MIAMI BEACH FL 33141**

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 *Modaldo Gonzalez* / **MODALDO GONZALEZ PRES. 2-20-01**
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	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P GONZALEZ, HEANA 2297 NW 20TH ST. MIAMI FL 33142 <input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PRESIDENT MODALDO GONZALEZ 6691 COLLINS AVE MIAMI BEACH FL 33141 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

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: *Modaldo Gonzalez* / **MODALDO GONZALEZ PRES. 2-20-01 (305) 864-4001**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (10/00)