

2001 UNIFORM BUSINESS REPORT (UBR)

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

05-16-2001 90219 012 ***150.00

DOCUMENT # P00000021878

1. Entity Name

LA BELLE FASHIONS, INC.

Principal Place of Business

777 NW 72ND AVENUE
 SUITE 2A16
 MIAMI FL 33126

Mailing Address

777 NW 72ND AVENUE
 SUITE 2A16
 MIAMI FL 33126

2. Principal Place of Business

✓ 777 NW 72 AVENUE

Suite, Apt. #, etc.

SUITE 2AA28

City & State

MIAMI FL 33126

Zip

33126

Country

US

3. Mailing Address

✓ 777 NW 72 AV.

Suite, Apt. #, etc.

SUITE 2AA28

City & State

MIAMI FL

Zip

33126

Country

US



DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

PACHECO, EDGAR
 9511 FONTEINEBLEAU BLVD.
 APT. #105
 MIAMI FL 33172

7. Name and Address of New Registered Agent

Name: ✓ PACHECO EDGAR
 Street Address (P.O. Box Number is Not Acceptable): 2126 QUAIL ROOST DR
 City: WESTON FL Zip Code: 33327

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

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	<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"/> Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	PACHECO EDGAR
STREET ADDRESS	2126 QUAIL ROOST DR
CITY-ST-ZIP	WESTON FL 33327
TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	GLORIA MOJICA
STREET ADDRESS	2126 QUAIL ROOST DR
CITY-ST-ZIP	WESTON FL 33327
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	

CR2E034 (10/00)

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

04/30/01

Date

305-266-9099

Daytime Phone #