

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 28, 2003 8:00 am
Secretary of State

04-28-2003 90225 005 ***150.00

0239482 AV

DOCUMENT # P00000029472

1. Entity Name
HERNAN ZAJAR FASHION DESIGNER, CORP.



Principal Place of Business
**1900 SUNSET HARBOR DR SUITE 1615
MIAMI BEACH FL 33139**

Mailing Address
**1900 SUNSET HARBOR DR SUITE 1615
MIAMI BEACH FL 33139**



2. Principal Place of Business
5436 NW 60 CT

3. Mailing Address
5436 NW 60 CT

Suite, Apt. #, etc.

Suite, Apt. #, etc.

☐ CHECK HERE IF MAKING CHANGES

City & State
COCONUT CREEK, FL

City & State
COCONUT CREEK, FL

4. FEI Number **65-0994620**

Applied For
Not Applicable

Zip Country
33073 U S A

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33073 U S A

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

**TABORDA, TERESA
10240 SW 56 STREET-115
MIAMI FL 33165**

Name
TABORDA, TERESA
Street Address (P.O. Box Number is Not Acceptable)
5436 NW 60 CT

City
COCONUT CREEK FL 33073

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

**FILE NOW!!! FEE IS \$150.00
After May 1, 2003 Fee will be \$550.00
Make Check Payable to Florida Department of State**

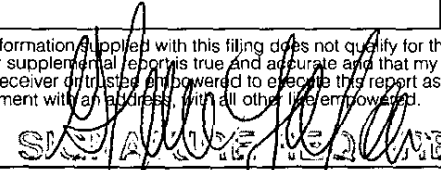
9. Election Campaign Financing
Trust Fund Contribution. ☐ **\$5.00 May Be Added to Fees**

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE NAME STREET ADDRESS CITY-ST-ZIP	PTD ZAJAR, HERNAN 1900 SUNSET HARBOR DR SUITE 1615 MIAMI BEACH FL 33139	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	5436 NW 60 CT COCONUT CREEK, FL 33073	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VSD ZAJAR, ANDRES 1900 SUNSET HARBOR DR SUITE 1615 MIAMI BEACH FL 33139	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	VSD ZAJAR, HERNAN 5436 NW 60 CT COCONUT CREEK, FL 33073	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition

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 607, 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 life empowered.

SIGNATURE:  **SIGNATURE REQUIRED**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

03/24/03 305-443-9695
Date Daytime Phone #

CR2E034 (10/02)