2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P0000085297 1. Entity Name MIAMI FASHION OF TAMPA, INC.					Niar 09, 2001 8:00 at Secretary of State 02-05-2001 90098 014 ***150.00			
Principal Plac 11607 N 15 STI TAMPA FL 3361	REET	Mailing Address 11607 N 15 STREET TAMPA FL 33612						
					E 110 M 071 (11 00) 10 11 11 11 11 11 11 11 11 11 11 11 11	Kulo yener birta (1812) i)))	
2. Principal P	lace of Business N 15 Street	3. Mailing Address	15 Street					
Suite, Apt.		Suite, Apt. #, etc.	13 78621		DO NOT WRITE IN	THIS SPACE		
City & State	F 1	City & State	<u> </u>	4.	FEI Number 59-3667777	⊢	oplied For	
Zip	Country	Zip	Country	5.	Certificate of Status Desired	\$8.75 Add		
33612	6. Name and Address of Current	ろろらして Registered Agent	<u> </u>		Name and Address of New Regist	Fee Hequire	d .	
EALA	الم		Name	āmnad	Nasser			
					P.O. Box Number is Not Acceptable)			
TAM	PA FL 33612	•	1.7.4					
			City	amo	on .	FL Zip Cod	د ا	
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.								
	Rom Atel		nos	.	Hamil			
SIGNATURE :	Signature, typed of affeted name of registered agent	and title if applicable. (NOTE	: Registered Agent signatur	e required when n	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 \$150.0 After MAY 1, 2001 Fee will be \$5				50.00	Election Campaign Financin Trust Fund Contribution.	~~~	O May Be to Fees	
11.	OFFICERS AND		12.	D_ AE	DDITIONS/CHANGES TO OFFICERS	*****		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	FALAH, RAMY 11607 N 15 STREET TAMPA FL 33612	√ Delete	TITLE NAME STREET ADORESS CITY-ST-ZIP	1160	mad, Nasser 7 No.15th St. .pa,FL. 33612	☐ Change	CR2E034 (10/00)	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V Hammad, Omar B 11607 N 15 Street Tampa Fl 33612	Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP			☐ Change	Addition &	
TITLE	TAMEN EL GOOLE	☐ Delete	TITLE	, ,		Change	Addition	
NAME "STREET ADDRESS"		<u> </u>	*** NAME **** SIREEF ADDRESS***	- 	- -	· · · · · · · · · · · · · · · · · · ·		
CITY-ST-ZIP			CITY-ST-ZIP					
NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP			☐ Change	☐ Addition	
TITLE NAME STREET ADDRESS		☐ Celete	TITLE NAME STREET ADDRESS			Change	Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delote	TITLE NAME STREET ADDRESS CITY-ST-ZIP			☐ Change	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: 1 10 0 0 813 977-5771								