

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P00000099439

1. Entity Name

MEN & WOMEN ACCESSORIES, INC.

FILED
May 22, 2001 8:00 am
Secretary of State

03-02-2001 90060 010 ***150.00

Principal Place of Business Mailing Address
321 LINCOLN ROAD 321 LINCOLN ROAD
MIAMI BEACH FL 33139 MIAMI BEACH FL 33139

46085



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business		3. Mailing Address		4. FEI Number		Applied For	
Suite, Apt. #, etc.		Suite, Apt. #, etc.		65-1049252		Not Applicable	
City & State		City & State		5. Certificate of Status Desired		\$8.75 Additional Fee Required	
Zip	Country	Zip	Country				

6. Name and Address of Current Registered Agent		7. Name and Address of New Registered Agent	
HAFIZ HAMIDEH, MOHAMMAD ABDEL 321 LINCOLN ROAD MIAMI BEACH FL 33139		Name: Absi Dehamideh Neeyme Luci Street Address (P.O. Box Number is Not Acceptable) 321 LINCOLN ROAD MIAMI BEACH, FL 33139 City: MIAMI BEACH, FL 33139 FL Zip Code: 33139	

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] DATE: 2-26-01
(NOTE: Registered Agent signature required when reinstating)

9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. ☐ 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		12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE: PD NAME: HAFIZ HAMIDEH, MOHAMMAD ABDEL STREET ADDRESS: 321 LINCOLN ROAD CITY-ST-ZIP: MIAMI BEACH FL 33139	<input type="checkbox"/> Delete	TITLE: PD NAME: ABSI DEHAMIDEH, NEEYME LUCI STREET ADDRESS: 321 LINCOLN ROAD CITY-ST-ZIP: MIAMI BEACH, FL 33139	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE: VPD NAME: ABSI DEHAMIDEH, NEEYME LUCI STREET ADDRESS: 321 LINCOLN ROAD CITY-ST-ZIP: MIAMI BEACH FL 33139	<input type="checkbox"/> Delete	TITLE: VPD NAME: HAFIZ HAMIDEH, MOHAMMAD ABDEL STREET ADDRESS: 321 LINCOLN ROAD CITY-ST-ZIP: MIAMI BEACH, FL 33139	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE: SD NAME: ARTOLA, AMNE STREET ADDRESS: 321 LINCOLN ROAD CITY-ST-ZIP: MIAMI BEACH FL 33139	<input checked="" type="checkbox"/> Delete	TITLE: SD NAME: SIHAM N. HOMIDEH, ABSI STREET ADDRESS: 321 LINCOLN ROAD CITY-ST-ZIP: MIAMI BEACH, FL 33139	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
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
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
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

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] DATE: 2-26-01
SIGNATURE AND PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E034 (10/00)