

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Jun 20, 2001 8:00 am
Secretary of State

06-20-2001 90015 010 ***150.00

DOCUMENT # P00000099445

1. Entity Name

DEYI'S UNISEX CORPORATION



Principal Place of Business
285 NW 27TH AVE.
SUITE 11
MIAMI, FL. 33125
USA

Mailing Address
285 NW 27TH AVE.
SUITE 11
MIAMI, FL. 33125
USA

C0071891

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

65-1048909

Applied For

Not Applicable

Zip

Country

Zip

Country

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

MENDEZ, ALBERTO J.
285 NW 27TH AVE, SUITE 11
MIAMI, FL. 33125

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	Delete	TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	Delete	Change	Addition
PTD	MENDEZ, ALBERTO J.	7170 FAIRWAY DR. APT MJ	MIAMI LAKES, FL. 33014	<input type="checkbox"/>					<input type="checkbox"/>	<input type="checkbox"/>	
SDD	MENDEZ, DEYANIRA	7170 FAIRWAY DR. APT MJ	MIAMI, LAKES, FL. 33014	<input type="checkbox"/>					<input type="checkbox"/>	<input type="checkbox"/>	
				<input type="checkbox"/>					<input type="checkbox"/>	<input type="checkbox"/>	
				<input type="checkbox"/>					<input type="checkbox"/>	<input type="checkbox"/>	
				<input type="checkbox"/>					<input type="checkbox"/>	<input type="checkbox"/>	
				<input type="checkbox"/>					<input type="checkbox"/>	<input type="checkbox"/>	

CR2E034 (11/00)

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:

[Handwritten Signature]

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/20/01

Date

305 642 3366

Daytime Phone #