

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
May 05, 2001 8:00 am
Secretary of State

05-05-2001 90827 017 ***150.00

DOCUMENT # P00000107168

1. Entity Name

EUPHORIA FASHION, INC.

Principal Place of Business

2665 E ATLANTIC BLVD
 POMPANO BEACH FL 33062

Mailing Address

2665 E ATLANTIC BLVD
 POMPANO BEACH FL 33062

2. Principal Place of Business

2665 E ATLANTIC BLVD

Suite, Apt. #, etc.

3. Mailing Address

2665 E ATLANTIC BLVD

Suite, Apt. #, etc.

City & State

POMPANO BEACH

City & State

POMPANO BEACH

4. FEI Number

65-1055696

Applied For

Not Applicable

Zip

33064

Country

FLORIDA

Zip

33064

Country

FLORIDA

5. Certificate of Status Desired

☐

\$8.75 Additional
 Fee Required

6. Name and Address of Current Registered Agent

SANTOS, ANGELA
 4699 N FEDREAL HWY #109
 POMPANO BEACH FL 33064

7. Name and Address of New Registered Agent

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

TITLE PD
 NAME HORN, GARY L JR
 STREET ADDRESS 11750 LEEWARD PLACE
 CITY-ST-ZIP BOCA RATON FL 33428 ☒ Delete

TITLE VD
 NAME ISAIAS, RENATO S
 STREET ADDRESS 4741 NW 9TH AVE
 CITY-ST-ZIP POMPANO BEACH FL 33064 ☐ Delete

TITLE D
 NAME ISAIAS, MARLE E
 STREET ADDRESS 4741 NW 9TH AVE
 CITY-ST-ZIP POMPANO BEACH FL 33064 ☐ Delete

TITLE TD
 NAME HORN, RUBIA S
 STREET ADDRESS 11750 LEEWARD PLACE
 CITY-ST-ZIP BOCA RATON FL 33428 ☒ Delete

TITLE
 NAME
 STREET ADDRESS
 CITY-ST-ZIP ☐ Delete

TITLE
 NAME
 STREET ADDRESS
 CITY-ST-ZIP ☐ Delete

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE
 NAME
 STREET ADDRESS
 CITY-ST-ZIP ☐ Change ☐ Addition

TITLE PRESIDENT
 NAME
 STREET ADDRESS
 CITY-ST-ZIP ☒ Change ☐ Addition

TITLE VICE-PRESIDENT
 NAME
 STREET ADDRESS
 CITY-ST-ZIP ☒ Change ☐ Addition

TITLE
 NAME
 STREET ADDRESS
 CITY-ST-ZIP ☐ Change ☐ Addition

TITLE
 NAME
 STREET ADDRESS
 CITY-ST-ZIP ☐ Change ☐ Addition

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

4/27/2001 (954) 941-4828

CR2E034 (10/00)