

2002 UNIFORM BUSINESS REPORT (UBR)

FILED

02 JUN 24 AM 9:50

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

DOCUMENT # P01000000365

1. Entity Name  
FASH HOLDINGS, INC.

Principal Place of Business  
1800 NW CORPORATE BLVD. STE 201 EAST BLDG  
BOCA RATON FL 33431

Mailing Address  
1800 NW CORPORATE BLVD. STE 201 EAST BLDG  
BOCA RATON FL 33431

*JFA*

2. Principal Place of Business  
15200 STATE Rd 7  
Suits, Apt. #, etc.

3. Mailing Address  
15200 STATE Rd 7  
Suits, Apt. #, etc.

05/10/02-90050 002 \$61.25

City & State  
DELRAY BEACH FL  
Zip  
33446

City & State  
DELRAY BEACH FLORIDA  
Zip  
33446

4. FEI Number 65-1066262  
Applied For  
Not Applicable

5. Certificate of Status Desired  \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent  
BREDE, J DANIEL  
1900 NW CORPORATE BLVD, STE 201 EAST BLDG  
BOCA RATON FL 33431

7. Name and Address of New Registered Agent  
Name: K. COKER  
Street Address (P.O. Box Number is Not Acceptable)  
15200 STATE Rd 7  
City: DELRAY BEACH FL Zip Code: 33446

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: *Kaleel COKER* 4/29/02  
Signature, typed or printed name of registered agent and date if applicable. (NOTE: Registered Agent signature required when requesting.) 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, 2002 Fee will be \$350.00  
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	D FASH, WILLIAM J	TITLE	
NAME	15200 ST SR 7	NAME	
STREET ADDRESS	DELRAY BEACH FL 33448	STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	D FASH, DOUGLAS	TITLE	
NAME	15200 ST SR 7	NAME	
STREET ADDRESS	DELRAY BEACH FL 33448	STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	D Kaleel Coker	TITLE	
NAME	15200 State Rd. 7	NAME	
STREET ADDRESS	DELRAY BEACH, FL. 33446	STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE		TITLE	
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE		TITLE	
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	

CR2E004 (9/01)

13. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(D), 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 807, 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: *Kaleel Coker* 4/29/02 954-410-5505  
SIGNATURE AND TYPE IN PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

as per Kaleel Coker / Director 7/2/02