

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Jul 23, 2002 8:00 am
Secretary of State

05-20-2002 90118 020 ***150.00

DOCUMENT # P01000035937

1. Entity Name

OMEGA'S FASHIONS, INC.

Principal Place of Business

5401 NW 2ND AVE.
 MIAMI FL 33127-1709

Mailing Address

5401 NW 2ND AVE.
 MIAMI FL 33127-1709

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

59-2003611

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional
 Fee Required

6. Name and Address of Current Registered Agent

OMEGA, ARSENE
 5401 NW 2ND AVE.
 MIAMI FL 33127-1709

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, 2002 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
 NAME
 STREET ADDRESS
 CITY-ST-ZIP
 PCEO
 OMEGA, ARSENE
 5401 NW 2ND AVE.
 MIAMI FL 33127-1709

☐ Delete

TITLE
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

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 CITY-ST-ZIP

☐ Delete

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

☐ Change ☐ Addition

TITLE
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

☐ Change ☐ Addition

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 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

CR2E034 (9/01)

OMEGA'S FASHION, INC.

5401 N.W. 2ND AVE. 305-754-7998
MIAMI, FL 33127

Attachment
July 17, 2002

FLORIDA DEPARTMENT OF STATE
ANNUAL REPORTS SECTION
P.O. BOX 6327
TALLAHASSEE, FLORIDA 32314

39254

Re: P01000035937
2002 Annual Report

Gentlemen:

We are sending you herewith the corrected copy of our original Annual report for year 2002 as requested by your office. We strongly feel that the heavy \$400. penalty does not apply to us due to the fact that we had filed the original UNIFORM BUSINESS REPORT and made the required payment on time to reach your office before the May 1st. dead line.

Kindly reverse all late charges that had been unfairly ASSESSED AGAINST US

Hoping to hear from you soon and thanking you in advance for all favorable considerations, we remain, with our best regards

Very truly yours

OMEGA'S FASHIONS INC.

By: Arsene Omega
President