

2002 UNIFORM BUSINESS REPORT (UBR)**FILED**
May 07, 2002 8:00 am
Secretary of State

05-07-2002 90366 020 ***150.00

DOCUMENT # P01000041912**1. Entity Name**
LUSH FASHION CORP.**Principal Place of Business**
777 N.W. 72 AVENUE, SUITE 2M8
MIAMI FL 33126**Mailing Address**
777 N.W. 72 AVENUE, SUITE 2M8
MIAMI FL 33126**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

65-1100080

Applied For

Not Applicable

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****CROSARA, THAIS RIBEIRO**
800 W. AVE., #630
MIAMI BEACH FL 33139

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****12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11****TITLE** PT ☐ Delete
NAME MILANO, LECY MARIA C
STREET ADDRESS 800 W. AVE., #630
CITY-ST-ZIP MIAMI BEACH FL 33139**TITLE** ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP**TITLE** VS ☐ Delete
NAME CROSARA, THAIS RIBEIRO
STREET ADDRESS 800 W. AVE., #630
CITY-ST-ZIP MIAMI BEACH FL 33139**TITLE** ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP**TITLE** ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP**TITLE** ☐ Change ☐ Addition
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CITY-ST-ZIP**TITLE** ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP**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 an other like empowered.****SIGNATURE:**SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR
Thais Crosara

Date

Daytime Phone #

4-19-02 (305) 263-6777

CR2E034 (9/01)