

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 18, 2002 8:00 am
Secretary of State

04-18-2002 90402 026 ***155.00

2001076 AV

DOCUMENT # P01000056735

1. Entity Name
ELEGANTE U S A, INC.

Principal Place of Business

**8505 MILLS DRIVE F 88
 MIAMI FL 33183**

Mailing Address

**8505 MILLS DRIVE F 88
 MIAMI FL 33183**



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

8505 Mills Drive

3. Mailing Address

8505 Mills Drive

Suite, Apt. #, etc.

F 88

Suite, Apt. #, etc.

F 88

City & State

Miami, Florida

City & State

Miami-Florida

4. FEI Number

65-1112702

Applied For

Not Applicable

Zip

33183

Country

USA

Zip

33183

Country

USA

5. Certificate of Status Desired ☐

\$8.75 Additional
 Fee Required

6. Name and Address of Current Registered Agent

**AHMED, ASHFAQUE
 9612 SW. 117TH AVENUE
 MIAMI FL 33186**

7. Name and Address of New Registered Agent

Name **AHMED ASHFAQUE**

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

9404 SW 125 PL

City **Miami**

FL

Zip Code

33186

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 **D** ☐ Delete
 NAME **AHMED, ASHFAQUE**
 STREET ADDRESS **8505 MILLS DRIVE F 88**
 CITY-ST-ZIP **MIAMI FL 33183**

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

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 CITY-ST-ZIP

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

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

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

TITLE ☐ Change ☐ Addition
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 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 all other like empowered.

SIGNATURE:

SIGNATURE REQUIRED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

AHMED ASHFAQUE

3/25/02

305-412-4647

Date Daytime Phone #

CR2E034 (9/01)