

**FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

FILED
Jun 03, 2002 8:00 am
Secretary of State

06-03-2002 91200 018 ***150.00

DOCUMENT # FOI 0000001001 ✓

1. Entity Name

Lem e Fashion Corporation

B0124182

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

3. Mailing Address

770 Cloughton Island Dr.

Suite, Apt. #, etc.

Suite, Apt. #, etc.

#1605

DO NOT WRITE IN THIS SPACE

City & State

City & State

Miami, FL

4. FEI Number

65-1114133

Applied For

Not Applicable

Zip

Country

Zip

Country

33131

USA

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

**DO NOT WRITE
IN THIS SPACE**

7. Name and Address of Current Registered Agent

Name

Maria De A Lem e

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

770 Cloughton Island Dr.

#1605

City

Miami, FL

FL

Zip Code

33131

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

Maria De A Lem e

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) ☐

January 1 - May 1: Fee is \$150.00
After May 1, Fee is \$550.00
Amended UBR is \$61.25
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
<u>President</u>	<u>Maria De A Lem e</u>	<u>770 Cloughton Island Drive</u>	<u>Miami, FL 33131</u>
TITLE	NAME	STREET ADDRESS	CITY - ST - ZIP
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**DO NOT WRITE
IN THIS SPACE**

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 on an attachment with an address, with all other like empowered.

SIGNATURE:

Maria De A Lem e

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

5/31/2002

954-450-9906

CR2E034B (12/01)