

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

DOCUMENT # P01000078355

1. Entity Name

DE. AL DESCENDANT ATTIRE
INC.

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

1340 NW 95 ST.

Suite, Apt. #, etc.
STE: 129

City & State
Miami, FL

Zip
33147

Country

3. Mailing Address

1340 NW 95 ST.

Suite, Apt. #, etc.
STE: 129

City & State
Miami, FL

Zip
33147

Country

4. FEI Number

05-1138766

Applied For

Not Applicable

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 Nesly J. Alexandre

Street Address (P.O. Box Number is Not Acceptable)
1340 NW 95 ST.

STE: 129

City Miami

FL

Zip Code
33147

**DO NOT WRITE
IN THIS SPACE**

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 tax ID 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 Nesly J. Alexandre
STREET ADDRESS 1340 NW 95 ST. STE: 129
CITY- ST- ZIP Miami, FL 33147

TITLE
NAME Robert Coy
STREET ADDRESS 1340 NW 95 ST. STE: 129
CITY- ST- ZIP Miami, FL 33147

TITLE
NAME
STREET ADDRESS
CITY- ST- ZIP

TITLE
NAME
STREET ADDRESS
CITY- ST- ZIP

TITLE
NAME
STREET ADDRESS
CITY- ST- ZIP

TITLE
NAME
STREET ADDRESS
CITY- ST- ZIP

TITLE
NAME
STREET ADDRESS
CITY- ST- ZIP
800005024688-5
-02/27/02--01082--010
****150.00 ****150.00

TITLE
NAME
STREET ADDRESS
CITY- ST- ZIP

TITLE
NAME
STREET ADDRESS
CITY- ST- ZIP

TITLE
NAME
STREET ADDRESS
CITY- ST- ZIP

TITLE
NAME
STREET ADDRESS
CITY- ST- ZIP

TITLE
NAME
STREET ADDRESS
CITY- ST- ZIP

**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: 

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2/07/02

786-318-0313

FILED
02 FEB 11 PM 2:29
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

CR2000