## 2002 UNIFORM BUSINESS REPORT (UBR)

## May 20, 2002 8:00 am 5 Secretary of State 205-20-2002 90100 2017 P01000082413 DOCUMENT # 1. Entity Name N Y BEST BUY FASHION, INC. Principal Place of Business Mailing Address 2127 N.W. 20 AVENUE 2127 N.W. 20 AVENUE MIAMI FL 33142 MIAMI FL 33142 2125 NW 2015 Freet Suite, Apt. #, etc. --- = Suite, Apt. #, etc.-----DO NOT WRITE IN THIS SPACE City & State City & State 4. FEI Number Applied For 15-11316 Not Applicable Zip Country Zip Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent Mesman ALMESMAR, YASSER Street Address (P.O. Box Number is Not Accepta 2127 N.W. 20 AVENUE **MIAMI FL 33142** 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) FILE NOW!!! FEE IS \$150,00 9. This corporation is eligible to satisfy its Intangible. 10. Election Campaign Financing \$5.00 May Be After May 1, 2002 Fee will be \$550.00 Tax filing requirement and elects to do so. Trust Fund Contribution. Added to Fees (See criteria on back) Make Check Payable to Department of State ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 OFFICERS AND DIRECTORS 11. 12 PS+D Almesman, YASSER 2125 NW 20 55+ ree = Mlanifl 33.11 **PSTD** TITLE Delete TITLE ALMESMAR, YASSER NAME 2127 N.W. 20 AVENUE STREET ADDRESS STREET ADDRESS MIAMI FL 33142 CITY-ST-ZIP CITY-ST-7IP TITLÉ "RATE LE ☐ Delete TITLE NAME \*\*\* NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Addition ☐ Delete TITLE Change NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Delete TITLE Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-7IP CITY-ST-ZIP TITLE ☐ Delete TITLE Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP

13. Thereby 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

SIGNATURE:

## Attachment' Doc#PO1000082413

location of 2125 NW 205