

# 2002 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**May 21, 2002 8:00 am**  
**Secretary of State**

05-21-2002 90870 010 \*\*\*150.00

**DOCUMENT # P01000096657**

1. Entity Name  
**AMERICAN EAGLE FASHIONS, INC.**

Principal Place of Business  
~~118 WEST ORANGE STREET~~  
~~ALTAMONTE SPRINGS FL 32714~~

Mailing Address  
~~118 WEST ORANGE STREET~~  
~~ALTAMONTE SPRINGS FL 32714~~

2. Principal Place of Business  
**2252 Wyndam Way**  
 Suite, Apt. #, etc.

3. Mailing Address  
**2252 Wyndam Way**  
 Suite, Apt. #, etc.

City & State  
**Kissimmee FL**  
 Zip, Country  
**34743 USA**

City & State  
**Kissimmee FL**  
 Zip, Country  
**34743 USA**

4. FEI Number  
**59-3748439**  
 Applied For  
 Not Applicable

5. Certificate of Status Desired ☐ **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent

**SPIEGEL & UTRERA, P.A.**  
**1840 SW 22ND ST.**  
**4TH FLOOR**  
**MIAMI FL 33145**

7. Name and Address of New Registered Agent

Name  
**SARAOGI PANNALAL**  
 Street Address (P.O. Box Number is Not Acceptable)  
**2252 WYNDAM WAY**  
 City, State, Zip Code  
**Kissimmee FL 34743**

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]* **PANNALAL SARAOGI** **4.25.02**  
 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  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP  
**PSTD**  
**SARAOGI, PANNALAL**  
~~118 WEST ORANGE STREET~~  
**ALTAMONTE SPRINGS FL 32714** ☐ Delete

TITLE  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP  
☐ Delete

TITLE  
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12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP  
☒ Change ☐ Addition  
**2252 Wyndam Way**  
**Kissimmee, FL 34743**

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

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☐ Change ☐ Addition

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]* **PANNALAL SARAOGI** **4.25.02** **(407) 344-3135**  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (9/01)