FILED
Apr 24, 2003 8:00 am
Secretary of State

04-24-2003 90217 043 ***150.00

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P01000107358

90104358

1. Entity Name
K & A FASHION OUTLET, INC.

Principal Place of Business	Mailing Address
13292 BISCAYNE BLVD NORTH MIAMI, FL 33181	13292 BISCAYNE BLVD NORTH MIAMI, FL 33181

2. Principal Place of Business	3. Mailing Address
3724 NE 207 Terr	3724 NE 207 Terr
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State: Aventura, FLA	City & State: Aventura, FL
Zip: 33180 Country: USA	Zip: 33180 Country: USA

☐ CHECK HERE IF MAKING CHANGES

4. FEI Number: 11-3652255 — Applied For / Not Applicable

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

6. Name and Address of Current Registered Agent

KALICHMAN-ARTZY, ILANA
3724 N.E. 207 TERR
AVENTURA, FL 33180

7. Name and Address of New Registered Agent

Name

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

City FL Zip Code

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE ____________________
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

FILE NOW!! FEE IS $150.00 After May 1, $400 Late Fee ... Make Check Payable to Florida Department of State

9. Election Campaign Financing Trust Fund Contribution. ☐ $5.00 May Be Added to Fees

10. OFFICERS AND DIRECTORS

TITLE	PV	☐ Delete
NAME	KALICHMAN-ARTZY, ILANA	
STREET ADDRESS	3724 NE 207 TERR	
CITY-ST-ZIP	AVENTURA, FL 33180	
TITLE	TS	☐ Delete
NAME	ARTZY, YAAKOV	
STREET ADDRESS	3724 NE 207 TERR	
CITY-ST-ZIP	AVENTURA, FL 33180	
TITLE		☐ Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		☐ Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		☐ Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		☐ Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11. 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		
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STREET ADDRESS		
CITY-ST-ZIP		
TITLE		☐ Change ☐ Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

CR2E034 (10/02)

12. 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: ____________________ 5/20/03 305 932 6100
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #