

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

FILED
May 28, 2002 8:00 am
Secretary of State

05-28-2002 91752 028 ***150.00

DOCUMENT # PO1000116153

1. Entity Name

NY NY FASHIONS INC.
5180 IRLA Bronson memorial Hwy, Kissimmee, FL 34746

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

5180 IRLA Bronson Hwy
Kissimmee, FL
City & State

3. Mailing Address

P.O. Box 136552
Clermont, Florida
City & State

DO NOT WRITE IN THIS SPACE

4. FEI Number

75-2993779

Applied For

Not Applicable

5. Certificate of Status Desired

☐

**\$8.75 Additional
Fee Required**

7. Name and Address of Current Registered Agent

Name

Kenneth M. Felix

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

744 Belvoir DR

City

Davenport

FL

Zip Code

33837

**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

Kenneth M. Felix
Signature, typed or printed name of registered agent and title (applicable).

Kenneth M. Felix
(NOTE: Registered Agent signature required when reinstating)

4-29-02
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	<u>P</u>
NAME	<u>Kenneth M. Felix</u>
STREET ADDRESS	<u>744 Belvoir DR.</u>
CITY-ST-ZIP	<u>Davenport, FL 33837</u>
TITLE	<u>V</u>
NAME	<u>Vincent Felix</u>
STREET ADDRESS	<u>2020 42ND 3RD FLOOR</u>
CITY-ST-ZIP	<u>ASOTRIA NY 11105</u>
TITLE	<u>S</u>
NAME	<u>EINNA S. Hernandez</u>
STREET ADDRESS	<u>744 Belvoir DR</u>
CITY-ST-ZIP	<u>Davenport, FL 33837</u>
TITLE	
NAME	
STREET ADDRESS	
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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:

Kenneth M. Felix
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

4-29-02 (1/07)
319-8700

Daytime Phone #

CR2E034B (12/01)