

**2003 FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

FILED
May 05, 2003 8:00 am
Secretary of State

05-05-2003 91807 022 ***150.00

DOCUMENT # **P02000013063**

1. Entity Name

Gloria Fashion, Inc

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

1733 N.W. 20th St.

3. Mailing Address

1733 NW 20th St

Suite, Apt. #, etc.

B

Suite, Apt. #, etc.

B

DO NOT WRITE IN THIS SPACE

City & State

Miami, FL

City & State

Miami, FL

4. FEI Number

04-3601629

Applied For

Not Applicable

Zip

33127

Country

US

Zip

33127

Country

US

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

7. Name and Address of Current Registered Agent

Name

Mee A. Lim

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

1733 NW 20th St #B

City

Miami

FL

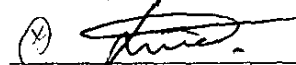
Zip Code

33127

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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 of person name of registered agent and who is applicable)

(NOTE: Registered Agent signature required when reappointing)

5/1/03

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
STREET ADDRESS
CITY- ST- ZIP

**PD
Lim, Mee A
16408 Sapphire Dr
Weston, FL 33331**

TITLE
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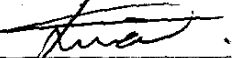
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13. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true 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

5/1/03

DATE

Daytime Phone

CR2E034B (12/01)