

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

DOCUMENT # P02000015154

1. Entity Name:

DEISY'S FASHION, INC.

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

5849 SW 73 ST

Suite, Apt. #, etc.

3. Mailing Address

1701 SW 92nd CT

Suite, Apt. #, etc.

City & State

Miami, FL. 33143

Zip

33143

Country

USA

City & State

Miami, FL. 33165

Zip

33165

Country

USA

4. FEI Number

03-0431-079

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

7. Name and Address of Current Registered Agent

Name

DEISY FERNANDEZ

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

1701 SW 92nd CT

City

Miami,

FL

Zip Code

33165

**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

Deisy Fernandez

DEISY FERNANDEZ

11/11/03

(Signature, typed or printed name of registered agent and date of signature)

(Typed Name, Registered Agent Signature (if needed) and date of signature)

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 \$350.00

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
P/D	FERNANDEZ, DEISY	1701 SW 92nd CT.	Miami, FL. 33165
TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP
TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP
TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP
TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP
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TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP
TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP

**DO NOT WRITE
IN THIS SPACE**

3. 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 persons empowered.

SIGNATURE

Deisy Fernandez Deisy Fernandez

11/11/03 (305) 666-6240