


FILED  
Jun 17, 2003 8:00 am  
Secretary of State

05-05-2003 91865 018 \*\*\*158.75

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

DOCUMENT # **P02000076955** (2)

1. Entity Name  
**MIX FASHION, CORP.**



Principal Place of Business  
**9818 NW 36 ST  
SUNRISE FL 33351**

Mailing Address  
**9818 NW 36 ST  
SUNRISE FL 33351**

2. Principal Place of Business  
**1531 Coral Ridge Dr**

3. Mailing Address  
**1531 Coral Ridge Dr**

Suite, Apt. #, etc.

City & State  
**Coral Springs FL**

City & State  
**Coral Springs FL**

Zip  
**33071**

Country  
**U.S.A.**

Zip  
**33071**

Country

4. FEI Number  
**41-2051160**

Applied For  
☐ Not Applicable

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

☒ CHECK HERE IF MAKING CHANGES

6. Name and Address of Current Registered Agent  
**CEPEDA, MILAGRO B  
9818 NW 36 ST  
SUNRISE FL 33351**

7. Name and Address of New Registered Agent  
Name **Milagro Cepeda**  
Street Address (P.O. Box Number is Not Acceptable)  
**1531 Coral Ridge Dr**  
**Coral Springs**  
City **FL** Zip Code **33071**

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 \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) DATE \_\_\_\_\_

**FILE NOW!!! FEE IS \$150.00**  
**After May 1, 2003 Fee will be \$550.00**  
**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		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE <b>President</b>	<input type="checkbox"/> Delete	TITLE <b>CEO</b>	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME <b>CEPEDA, MILAGRO B</b>		NAME <b>David Ernesto Guzman</b>	
STREET ADDRESS <b>9818 NW 36 ST</b>		STREET ADDRESS <b>monterrosa</b>	
CITY-ST-ZIP <b>SUNRISE FL 33351</b>		CITY-ST-ZIP <b>colonia santa #1 Pasaje Santo Tomas #51</b>	
		<b>Salapango San Salvador, El Salvador</b>	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	

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 lines empowered.

SIGNATURE: **SIGNATURE REQUIRED** **04/30/2003** **684-6368**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #