

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

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

03-17-2003 91062 018 ***150.00

DOCUMENT # P02000078201

1. Entity Name
CLOTHING COMPANY USA CORP.



Principal Place of Business
**848 BRICKELL AVENUE SUITE 1040
MIAMI FL 33131**

Mailing Address
**848 BRICKELL AVENUE SUITE 1040
MIAMI FL 33131**

2. Principal Place of Business
100 N. BISCAYNE BLVD. suite 1112

3. Mailing Address
100 N. BISCAYNE BLVD.

Suite, Apt. #, etc.

Suite, Apt. #, etc.

1112

City & State
MIAMI FLORIDA

City & State
MIAMI FLORIDA

Zip
33132

Country
USA

Zip
33132

Country
USA

☐ CHECK HERE IF MAKING CHANGES

4. FEI Number
55-0791498

Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

**CHARCHAT, STEVEN M ESQ
STEVEN M CHARCHAT PA
848 BRICKELL AVENUE SUITE 1040
MIAMI FL 33131**

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, 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

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**D
SAMILIAN, ALEJANDRO
848 BRICKELL AVENUE SUITE 1040
MIAMI FL 33131** ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
: ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
: ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
: ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
: ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
: ☐ Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**D P S T
SAMILIAN, ALEJANDRO
100 N. BISCAYNE BLVD. suite #1112
MIAMI FL, 33132** ☐ Change ☒ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**VP
VIEL BETTINA
100 N. BISCAYNE BLVD. suite #1112
MIAMI FL, 33132** ☐ Change ☒ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
: ☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
: ☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
: ☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
: ☐ Change ☐ Addition

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: **A. SAMILIAN**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

03/14/03 (305) 374-4322

Date Daytime Phone #

CR2E034 (10/02)