

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

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

05-05-2003 90122 035 ***150.00

DOCUMENT # P02000082407

1. Entity Name
FASHION OF THE WORLD INC.



Principal Place of Business
**64 N.E. 167TH STREET
MIAMI FL 33162**

Mailing Address
**64 N.E. 167TH STREET
MIAMI FL 33162**



☐ CHECK HERE IF MAKING CHANGES

2. Principal Place of Business

**64 N.E. 167 STREET
Suite, Apt. #, etc.
North Miami Bch, Florida**

3. Mailing Address

**64 N.E. 167 STREET
Suite, Apt. #, etc.**

City & State
NORTH MIAMI Bch Florida

City & State
North Miami Bch, FL

4. FEI Number

51-0421945

Applied For

Not Applicable

Zip
33162

Country
U.S.A.

Zip
33162

Country
U.S.A.

5. Certificate of Status Desired ☐

**\$8.75 Additional
Fee Required**

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**GRANT, PAMELA
6272 NW 186TH ST #310
MIAMI LAKES FL 33015**

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 **Pamela Grant (owner)**

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

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE **D** ☐ Delete
NAME **GRANT, PAMELA**
STREET ADDRESS **6272 NW 186TH ST #310**
CITY-ST-ZIP **MIAMI LAKES FL 33015**

TITLE **D** ☒ Change ☐ Addition
NAME **Grant, Pamela**
STREET ADDRESS **18330 N.W 68 Ave Apt L**
CITY-ST-ZIP **Miami Lakes, FL 33015**

TITLE **D** ☐ Delete
NAME **GRANT, KASHIF**
STREET ADDRESS **6272 NW 186TH ST #310**
CITY-ST-ZIP **MIAMI LAKES FL 33015**

TITLE **D** ☒ Change ☐ Addition
NAME **Grant, Kashif**
STREET ADDRESS **18330 N.W 68 Ave Apt L**
CITY-ST-ZIP **Miami Lakes, FL 33015**

TITLE ☐ Delete
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STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
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TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
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 like empowered.

SIGNATURE:

Pamela Grant

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/17/03

Date

Daytime Phone #

CR2E034 (10/02)