

03
**FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

DOCUMENT # P02000084749

1. Entity Name

VIZZINI FASHION, INC.



FILED

03 MAY 15 PM 1:31

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business
2638 N.W. 21TH TERRACE

3. Mailing Address
5101 COLLINS AVENUE

Suite, Apt. #, etc.

Suite, Apt. #, etc.

APT. 8 S

DO NOT WRITE IN THIS SPACE

City & State
MIAMI, FL.

City & State
MIAMI BEACH, FL.

4. FEI Number
11-3647076

Applied For
Not Applicable

Zip
33142

Country
USA

Zip
33140

Country
USA

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

**DO NOT WRITE
IN THIS SPACE**

7. Name and Address of Current Registered Agent

Name ERHAN GUNDAL

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

5101 COLLINS AVENUE, APT. 8 S

City MIAMI BEACH

FL

Zip Code
33140

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.)

05/13/03
DATE

January 1 - May 1 Fee is \$150.00
After May 1 Fee is \$550.00
Amended UBR is \$61.25
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
President-Director
Erhan Gundal
5101 Collins Avenue, 8 S, M.B., FL 33140

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
100019082341
05/15/03--01040--006 **150.00

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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 on an attachment with an address, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

05/13/03
Date

Daytime Phone #

CR2E034B (12/02)

5721