

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

FILED
May 14, 2003 8:00 am
Secretary of State

05-14-2003 90139 008 ***160.00

DOCUMENT # **P02000086914**
1. Entity Name **DI VINCHE CLOTHING CORP**



DO NOT WRITE IN THIS SPACE

90134543

2. Principal Place of Business
1206 S Dixie Hwy
Suite, Apt. #, etc.

3. Mailing Address
1347 Date Palm Dr
Suite, Apt. #, etc.

DO NOT WRITE IN THIS SPACE

City & State **Lakewood, Florida**
Zip **33460** Country **US**
Palm Beach

City & State **Lantana, Florida**
Zip **33462** Country **US**
Palm Beach

4. FEI Number
Applied For
☒ Not Applicable

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 **Kirk A. Stevens**

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

1347 Date Palm Dr

City **Lantana**

FL

Zip Code **33462**

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)

05/10/03

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 **Partner**
NAME **Wesley Eastor**
STREET ADDRESS **57 Morton Ave**
CITY-ST-ZIP **Freeport, N.Y 11520 Nassau County**

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

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

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

**DO NOT WRITE
IN THIS SPACE**

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

05/10/03

Date:

(561) 582-7825

Daytime Phone #

CR2E034B (12/02)

Attachment

90134543
PO2000086914

To whom it may concern:

5/12/03

This is the Uniform Business Report
for Di Vynche Clothing Corp.

The original form was not received
to be reported, therefore it is being
sent today.

Sorry for any inconvenience.

