

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

FILED
Jun 16, 2003 8:00 am
Secretary of State

06-16-2003 90142 019 ***150.00

DOCUMENT # **P02000100320**

1. Entity Name **VOGUE ITALIA DISCOUNT OUTLET INC**



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

4345 CAMINO DE LA PLAZA

3. Mailing Address

300 SW 1ST AVE

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

SAN YSIDRO

CA

City & State

FORT LAUDERDALE, FLA

Zip

92173

Country

Zip

33301

Country

FLA

4. FEI Number

82-0586903

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

DO NOT WRITE IN THIS SPACE

**DO NOT WRITE
IN THIS SPACE**

7. Name and Address of Current Registered Agent

Name

MERYN BRODY

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

300 SW 1ST AVE

FORT LAUDERDALE

City

FLA

FL

Zip Code
33301

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 **MERYN BRODY**

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

6/13/03

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	PRES
NAME	MERYN BRODY
STREET ADDRESS	300 SW 1ST AVE
CITY-ST-ZIP	FORT LAUDERDALE, FLA 33301
TITLE	VICE PRES
NAME	ISAAC AMSELIEM
STREET ADDRESS	300 SW 1ST AVE
CITY-ST-ZIP	FORT LAUDERDALE, FLA 33301
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
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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: **MERYN BRODY** - MERYN BRODY, PRES

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

6/13/03 954-5274562

Daytime Phone #

CR2E034B (12/02)