## 2003 FOR PROFIT CORPORATION

## FILED Apr 04, 2003 8:00 am Secretary of State **UNIFORM BUSINESS REPORT (UBR)** P02000119501 DOCUMENT # 1. Entity Name 04-04-2003 90123 042 \*\*\*150.00 THE FASHION GROUP INC. Principal Place of Business Mailing Address 15457 SW 137 AVE. 15457 SW 137 AVE. MIAMI FL 33177 MIAMI FL 33177 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. CHECK HERE IF MAKING CHANGES 4) FEI Number Applied For City & State City & State 68-0528937 Not Applicable Zip Country Zip Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent BETZ, LUZ Street Address (P.O. Box Number is Not Acceptable) 13446 SW 153RD AVE. MIAMI FL 33177 City 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 DATE Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) FILE NOW!!! FEE IS \$150.00 9. Election Campaign Financing \$5.00 May Be After May 1, 2003 Fee will be \$550.00 Trust Fund Contribution. Added to Fees Make Check Payable to Florida Department of State OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 10. 11. ☐ Addition ☐ Delete TITLE TITLE BETZ, LUZ E 📑 NAME NAME 13446 SW 153RD VE. STREET ADDRESS STREET ADDRESS MIAMI FL 33177 CITY-ST-ZIP CITY-ST-7IP ☐ Addition ☐ Change TITLE STD ☐ Delete TITLE MONTERO, RENATE C NAME NAME STREET ADDRESS 14344 SW 163RD TERRACE STREET ADDRESS CITY-ST-7IP **MIAMI FL 33177** CITY-ST-ZIP TITLE Delete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete TITLE ☐ Change ☐ Addition TIFLE NAME NAME == STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete TITLE ☐ Change ☐ Addition TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP 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.

TITLE

NAME

STREET ADDRESS CITY-ST-ZIP

SIGNATURE:

TITLE NAME

STREET ADDRESS

CITY-ST-7IP



☐ Delete

Change

☐ Addition