

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

4/28/2003-90293-015-\$158.75-\$158.75

FILED

03 JUN -6 PM 1:11

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P02000125227

1. Entity Name
KARLINA FASHION INC.



Principal Place of Business
10775 SW 190 STREET
BAY #4
MIAMI FL 33157

Mailing Address
10775 SW 190 STREET
BAY #4
MIAMI FL 33157

2. Principal Place of Business
20011 GULFSTREAM RD
Suite, Apt. #, etc.

3. Mailing Address
SABE
Suite, Apt. #, etc.

☒ CHECK HERE IF MAKING CHANGES

City & State
MIAMI

City & State

4. FEI Number

Applied For
☒ Not Applicable

Zip
FL
Country
33185

Zip
Country

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

ALVAREZ, CARLOTA O
10775 SW 190 STREET
BAY #4
MIAMI FL 33157

NAME
C.A. SATE
Street Address (P.O. Box Number is Not Acceptable)
20011 GULFSTREAM RD
City
MIAMI
FL
Zip Code
33185

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
Carloita O. Alvarez

04-22-03

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
NAME
STREET ADDRESS
CITY-ST-ZIP
PD
ALVAREZ, CARLOTA O
20011 GULFSTREAM ROAD
MIAMI FL 33189 ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
VD
LEON, OLGA G
10433 SW 211 STREET
MIAMI FL 33189 ☒ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Delete

TITLE
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TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Change ☐ Addition

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:
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

04-22-03
Date

Daytime Phone #

CR2E034 (10/02)

666