# 2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P93000027984

FILED

1. Entity Name

ANSI FASHIONS, INC.

02 MAY -3 PM 12:59

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

| Principal Place of Business | Mailing Address |
|---|---|
| 3890 SW 146 AVE<br>MIRAMAR FL 33027<br>US | 3890 SW 146 AVE<br>MIRAMAR FL 33027<br>US |

DO NOT WRITE IN THIS SPACE

| 2. Principal Place of Business | 3. Mailing Address |
|---|---|
| 115 HURON AVE | P.O. BOX 2190 |
| Suite, Apt. #, etc. | Suite, Apt. #, etc. |
| City & State: TAMPA FL | City & State: TAMPA FL |
| Zip: 33606 Country: Hillsborough | Zip: 33601 Country: Hillsborough |

4. FEI Number 65-0404409 ☐ Applied For ☐ Not Applicable

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

6. Name and Address of Current Registered Agent

PEREZ, ANGEL M
3890 SW 146 AVE
MIRAMAR FL 33027

7. Name and Address of New Registered Agent

Name: ANGEL PEREZ

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

115 HURON AVE

City: TAMPA FL Zip Code: 33606

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.

SIGNATURE: Angel Perez 4/20/02

Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. (See criteria on back) ☐

10. Election Campaign Financing Trust Fund Contribution. ☐ **$5.00** May Be Added to Fees

| 11. OFFICERS AND DIRECTORS | | | 12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 | |
|---|---|---|---|---|
| TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | PD<br>PEREZ, ANGEL M<br>3890 SW 146 ONE<br>MIRAMAR FL 33027 | ☐ Delete | PD<br>ANGEL PEREZ<br>115 HURON AVE<br>TAMPA FL 33606 | ☒ Change ☐ Addition |
| | | ☐ Delete | | ☐ Change ☐ Addition |
| | | ☐ Delete | 600005538306--5<br>-05/15/02--01058--017<br>****150.00 ****150.00 | ☐ Change ☐ Addition |
| | | ☐ Delete | | ☐ Change ☐ Addition |
| | | ☐ Delete | | ☐ Change ☐ Addition |
| | | ☐ Delete | | ☐ Change ☐ Addition |

13. 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 11 or Block 12 changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: Angel Perez 4/24/02 305-725-6500

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

Angel Perez 4/24/02 305 725 6500