

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 23, 2002 8:00 am
Secretary of State

04-23-2002 90385 049 ***150.00

DOCUMENT # P93000038724

1. Entity Name
HOME FASHION DIRECT, INC.

Principal Place of Business

14652 BISCAYNE BLVD.
N. MIAMI FL 33181

Mailing Address

19401 W. DIXIE HWY
MIAMI FL 33180
US

2. Principal Place of Business

19401 W DIXIE HWY

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State
MIAMI FL

City & State

Zip
33180

Country
MIAMI DADE

Zip

Country

4. FEI Number **65-0472937**

Applied For
Not Applicable

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

GROSFELD, SALO
14652 BISCAYNE BLVD.
N. MIAMI FL 33181

NEW ADDRESS

Name

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

19401 W DIXIE HWY

City **MIAMI**

FL **33180**

8. The above named entity is authorized for the purpose of changing its registered office or registered agent, or both, in the State of Florida.

SIGNATURE

Signature, typed 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) ☐

FILE NOW!!! FEE IS \$150.00
After May 1, 2002 Fee will be \$550.00
Make Check Payable to Department of State

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

11. OFFICERS AND DIRECTORS

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE **D** ☐ Delete
NAME **GROSFELD, SALO**
STREET ADDRESS **14652 BISCAYNE BLVD.**
CITY-ST-ZIP **N. MIAMI FL 33181**

NEW ADDRESS

☐ Change ☐ Addition
NAME
STREET ADDRESS **19401 W DIXIE HWY**
CITY-ST-ZIP **MIAMI FL 33180**

TITLE **D** ☐ Delete
NAME **GROSFELD, JAIME**
STREET ADDRESS **1070 S. SHORE DRIVE**
CITY-ST-ZIP **MIAMI FL 33141**

NEW ADDRESS

☐ Change ☐ Addition
NAME
STREET ADDRESS **13390 BISCAYNE BAY DR**
CITY-ST-ZIP **MIAMI FL 33181**

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

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

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

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

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

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 reports 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 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

SIGNATURE REQUIRED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (9/01)