

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P95000063524

1. Entity Name  
HIGH FASHION APPAREL INC.

**FILED**  
**Sep 12, 2000 8:00 am**  
**Secretary of State**

09-12-2000 90013 045 \*\*\*550.00

Principal Place of Business Mailing Address  
~~1926 S.E. HILLMOOR DR~~ 1541 S.E. Copley St ~~1926 S.E. HILLMOOR DR~~ 1541 S.E. Copley St  
~~131~~ ~~PORT ST LUCIE FL 34952~~ ~~US~~ ~~PORT ST LUCIE FL 34952~~ ~~US~~  
P.S.L. FL 34983 P.S.L. FL 34983

AGU75956



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business 3. Mailing Address  
1541 S.E. Copley St 1541 S.E. Copley St  
Suite, Apt. #, etc. Suite, Apt. #, etc.  
P.S.L. FL 34983 P.S.L.

City & State City & State  
P.S.L. P.S.L.  
Zip Country Zip Country  
FL 34983 FL 34983

4. FEI Number 65-0603552 Applied For  
Not Applicable

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

6. Name and Address of Current Registered Agent  
YOUNG-DAILEY, JACQUELINE  
1926 SE HILLMOOR DR 131 1541 S.E. Copley St  
PORT ST LUCIE FL 34952 P.S.L. FL 34983

7. Name and Address of New Registered Agent  
Name: Jacqueline Young-Dailey  
Street Address (P.O. Box Number is Not Acceptable)  
1541 S.E. Copley St  
P.S.L. FL 34983  
City FL Zip Code 34983

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 *[Signature]* owner DATE 1 Sept 2000  
(NOTE: Registered Agent signature required when reinstating)

9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. ☐ FILE NOW!!! FEE IS \$550.00  
After SEPTEMBER 13, 2000 Min. will be \$750.00  
Make Check Payable to Department of State

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	PD <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	DAILEY, JACQUELINE Y	NAME	
STREET ADDRESS	1926 SE HILLMOOR DR 131 1541 S.E. Copley St	STREET ADDRESS	
CITY-ST-ZIP	PORT ST LUCIE FL 34952 P.S.L. FL 34983	CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		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 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 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: *[Signature]* SIGNATURE *[Signature]* 1 Sept 2000 5619719759 cell  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone # 5612837415 m-w

CR2E034 (5/00)