**FILED** 

## 2002 UNIFORM BUSINESS REPORT (UBR)

## May 14, 2002 8:00 am Secretary of State DOCUMENT # P95000063524 1. Entity Name HIGH FASHION APPAREL INC. 05-14-2002 90290 025 \*\*\*150.00 Principal Place of Business Mailing Address -1541-6 ECOPLEY STREET DUSY Sweet water PO. BOX 2000 DY SQ Sweet water 855826 PORT-BAINT LUCIE FL 34983 DV, FA PIENCE PALM CITY FL 34984 34981 2. Principal Place of Business 3. Mailing Address Et Piere PC 2USUSWEED WARDY Sweet write Dr Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE 34981 City & State 4. FEI Number Applied For 65-0603552 Not Applicable 35491 Zip Country \$8.75 Additional 5. Certificate of Status Desired N.S.K Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent YOUNG DAILEY, JACQUELINA Jacqueline Young 1541-SE COPLEY STREET 2459 Sweet workers 1 PORT SAINT LUCIE FL 34985 FF Piere Fl 34991 Street Address (P.O. Box Number is Not Acceptable) City Zip Code FL 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, typed or pri 9. This corporation is eligible to satisfy its Intangible FILE NOW!!! FEE IS \$150.00 10. Election Campaign Financing \$5.00 May Be Tax filing requirement and elects to do so. After May 1, 2002 Fee will be \$550.00 Trust Fund Contribution. Added to Fees (See criteria on back) Make Check Payable to Department of State 11. OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 TITLE TITLE ☐ Delete Change ☐ Addition BAILEY, JACQUELINE Y Jacqueline NAME Voung NAME 24 Suced worker STREET ADDRESS 1541 SE COPLEY STREET STREET ADDRESS CITY-ST-ZIP PORT SAINT LUCIE FL 34983 Viene PC 34901 CITY-ST-ZIP TITLE ☐ Delete TITLE Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY\_ST-ZIP\_-☐ Delete ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete ☐ Change ☐ Addition NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIE CITY-ST-ZIP ☐ Delete TITLE ☐ Change ☐ Addition NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change 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: