

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
May 24, 2002 8:00 am
Secretary of State

05-24-2002 91306 028 ***158.75

DOCUMENT # P95000077743

1. Entity Name
FRATELLI FASHIONS, INC.

Principal Place of Business
7551 B N KENDALL DRIVE
DADELAND MALL
MIAMI FL 33156
US

Mailing Address
7551 B N KENDALL DRIVE
DADELAND MALL
MIAMI FL 33156
US

2. Principal Place of Business
8851 SW 132 St
 Suite, Apt. #, etc.

3. Mailing Address
8851 SW 132 St
 Suite, Apt. #, etc.

City & State
Miami FL
Zip 33176 **Country** US

City & State
Miami FL
Zip 33176 **Country** US

4. FEI Number 65-0619256

Applied For
 Not Applicable

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

DO NOT WRITE IN THIS SPACE



6. Name and Address of Current Registered Agent

ZAKKA, MARCEL
7551 B N. KENDALL DR.
MIAMI FL 33156

7. Name and Address of New Registered Agent

Name Yodira Pasarin
Street Address (P.O. Box Number is Not Acceptable) 8851 SW 132 St.
City Miami **FL** **Zip Code** 33176

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 *Yodira Pasarin* **DATE** 4-25-02
 Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

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

TITLE	P	<input checked="" type="checkbox"/> Delete
NAME	ZAKKA, MARCEL	
STREET ADDRESS	7551 B N KENDALL DRIVE	
CITY-ST-ZIP	MIAMI FL 33156	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
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CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	President	<input checked="" type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Yodira Pasarin	
STREET ADDRESS	8851 SW 132 St.	
CITY-ST-ZIP	Miami FL 33176	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
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TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> 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 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: *Yodira Pasarin*
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

DATE 4-25-02 (305)439-7748
 Daytime Phone #

CR2E034 (9/01)