

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P95000086249

1. Entity Name

SUPER FASHIONS VIII, INC.

**FILED**  
**May 30, 2000 8:00 am**  
**Secretary of State**

05-30-2000 90002 046 \*\*\*150.00

Principal Place of Business

2422 W 60 ST  
HIALEAH FL 33012

Mailing Address

1865 NW 20TH ST  
MIAMI FL 33142-7431

2. Principal Place of Business

2422 West 60 Street  
Suite, Apt. #, etc.

3. Mailing Address

1865 N.W. 20 Street  
Suite, Apt. #, etc.



DO NOT WRITE IN THIS SPACE

City & State

Hialeah FL

City & State

Miami FL

4. FEI Number

65-0619558

Applied For

Not Applicable

Zip

Country

33012 Miami-Dade

Zip

Country

33142 Miami-Dade

5. Certificate of Status Desired

☐

\$8.75 Additional  
Fee Required

6. Name and Address of Current Registered Agent

ESTRADA, ARMANDO  
1865 NW 20TH ST  
MIAMI FL 33142

7. Name and Address of New Registered Agent

Name

MERLO, RAMIRO

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

1865 N.W. 20 Street

City

Miami

FL

Zip Code

33142

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, 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) ☐

**FILE NOW!!! FEE IS \$150.00**  
**After MAY 1, 2000 Fee will be \$550.00**  
**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

TITLE PSTD  
NAME ESTRADA, ARMANDO  
STREET ADDRESS 1865 NW 20TH ST  
CITY-ST-ZIP MIAMI FL ☐ Delete

TITLE VPD  
NAME ESTRADA, ELISA  
STREET ADDRESS 1865 NW 20TH ST  
CITY-ST-ZIP MIAMI FL ☒ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Delete

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE VP-S  
NAME ESTRADA, ARMANDO  
STREET ADDRESS 1865 N.W. 20 Street  
CITY-ST-ZIP Miami FL 33142 ☒ Change ☐ Addition

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

TITLE P-D-T  
NAME MERLO, RAMIRO  
STREET ADDRESS 1865 N.W. 20 Street  
CITY-ST-ZIP Miami FL 33142 ☐ Change ☒ Addition

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

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

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ 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 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

*Armando Estrada*

4/28/00 305 587 1212