

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P95000095438

1. Entity Name

G & S FASHIONS, INC.

FILED

May 15, 2000 8:00 am
Secretary of State

05-15-2000 90176 026 ***150.00

Principal Place of Business
5700 OCKEECHOBEE BLVD.
25-C
WEST PALM BEACH FL 33417

Mailing Address
5700 OCKEECHOBEE BLVD.
25-C
WEST PALM BEACH FL 33417

2. Principal Place of Business
Suite, Apt. #, etc.

3. Mailing Address
Riesenberg
Suite, Apt. #, etc.
644 E. HALLANDALE BCH BLVD

City & State
HALLANDALE FL

City & State
HALLANDALE FL

Zip
33009

Country
BROWARD

4. FEI Number
59-3349659

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

6. Name and Address of Current Registered Agent
WARNER, GREGG
2682 OAKMONT
FT. LAUDERDALE FL 33332

7. Name and Address of New Registered Agent
Name
RICHARD RIESENBERG
Street Address (P.O. Box Number is Not Acceptable)
644 E. HALLANDALE BCH BLVD
City
HALLANDALE FL
Zip Code
33009

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 type if applicable.
DATE
4-28-00

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 NAME STREET ADDRESS CITY-ST-ZIP	D/P WARNER, GREGG 2682 OAKMONT FT. LAUDERDALE FL 33332
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12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
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TITLE 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: SIGNATURE
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR
Date
Daytime Phone #

CR2E034 (9/99)