

# 2002 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P96000001376

1. Entity Name  
NADIA FASHIONS, INC.

Principal Place of Business  
413 OAK BUSINESS PARK  
BLDG. 6-E  
PORT ORANGE FL 32119

Mailing Address  
413 OAK BUSINESS PARK  
BLDG. 6-E  
PORT ORANGE FL 32119

FILED  
Aug 26, 2002 8:00 am  
Secretary of State

08-06-2002 90128 003 \*\*\*550.00

42167

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number 59-3358884

Applied For  
Not Applicable

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

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

HOFFMAN, NADEZDA  
413 OAK BUSINESS PARK  
BLDG. 6-E  
PORT ORANGE FL 32119

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

FL Zip Code

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE *Nadezda Hoffman*  
Signature typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

07-31-2002  
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 \$550.00  
After September 13, 2002 Fee 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  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
PSTD  
HOFFMAN, NADEZDA  
413 OAK BUSINESS PARK, BLDG. 6-E  
PORT ORANGE FL 32119

☐ Delete

TITLE  
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☐ 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: *NADEZDA HOFFMAN* SIGNATURE REQUIRED *Nadezda Hoffman* 8.20.02 386 760-1970  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (4/02)