

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Mar 06, 2002 8:00 am
Secretary of State

03-06-2002 90083 044 ***150.00

DOCUMENT # P96000009071

1. Entity Name

DANTE'S ROSE FASHIONS INC.

Principal Place of Business

**6852 FOREST HILL BLVD.
 WEST PALM BEACH FL 33413**

Mailing Address

**6852 FOREST HILL BLVD.
 WEST PALM BEACH FL 33413**

2. Principal Place of Business

3977 Iog Rd

Suite, Apt. #, etc.

3. Mailing Address

3977 Iog Rd

Suite, Apt. #, etc.

City & State

Green Acres FL

City & State

Green Acres FL

Zip

Country

33467 Palm Beach

Zip

Country

33467 Palm Beach

6. Name and Address of Current Registered Agent

**MERKIN, CAROLYN
 6852 FOREST HILL BLVD.
 WEST PALM BEACH FL 33413**

4. FEI Number

65-0637563

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional Fee Required

7. Name and Address of New Registered Agent

Name **Carolyn Merkin**

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

3977 Iog Rd

City

Green Acres

FL

Zip Code

33467

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

Carolyn Merkin Pres.

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

2/24/02

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
 Trust Fund Contribution. ☐

\$5.00 May Be Added to Fees

11. OFFICERS AND DIRECTORS

TITLE **DP** ☐ Delete
 NAME **MERKIN, CAROLYN**
 STREET ADDRESS **6852 FOREST HILL BLVD.**
 CITY-ST-ZIP **WEST PALM BEACH FL 33413**

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

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 CITY-ST-ZIP

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE **Pres. D.P.** ☒ Change ☐ Addition
 NAME **Carolyn Merkin**
 STREET ADDRESS **3977 Iog Rd**
 CITY-ST-ZIP **Green Acres FL 33467**

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

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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:

Carolyn Merkin
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

2/24/02

CR2E034 (9/01)