

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P96000013303

1. Entity Name

168 FRESH LOOK, INC.

FILED

Mar 26, 2001 8:00 am
Secretary of State

03-26-2001 90017 025 ***150.00

00037776



DO NOT WRITE IN THIS SPACE

Principal Place of Business

168 S.E. 1 ST.
801
MIAMI FL 33131
US

Mailing Address

P.O. BOX 110223
MIAMI FL 33111
US

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number 65-0656561

Applied For

Not Applicable

Zip

Country

Zip

Country

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

SHERMAN, JEFF
168 SE 1ST STREET
MIAMI FL 33131

Name

SHERMAN, JEFF

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

168 SE 1 STREET #803

City

MIAMI

FL

Zip Code

33131

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, 2001 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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE PVP
NAME SHERMAN, ALAN J.
STREET ADDRESS 555 N.E. 15 ST., 30F
CITY-ST-ZIP MIAMI FL

☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ Change

☐ Addition

TITLE S
NAME SHERMAN, BERTA
STREET ADDRESS 168 SE 1ST STREET #801
CITY-ST-ZIP MIAMI FL 33131

☐ Delete

TITLE
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STREET ADDRESS
CITY-ST-ZIP

☐ Change

☐ Addition

TITLE T
NAME SHERMAN, BRYAN
STREET ADDRESS 168 S.E. 1 ST., #801
CITY-ST-ZIP MIAMI FL

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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

JEFF SHERMAN

3/20/01

Date

305.375.0720

Daytime Phone #

CR2E034 (10/00)